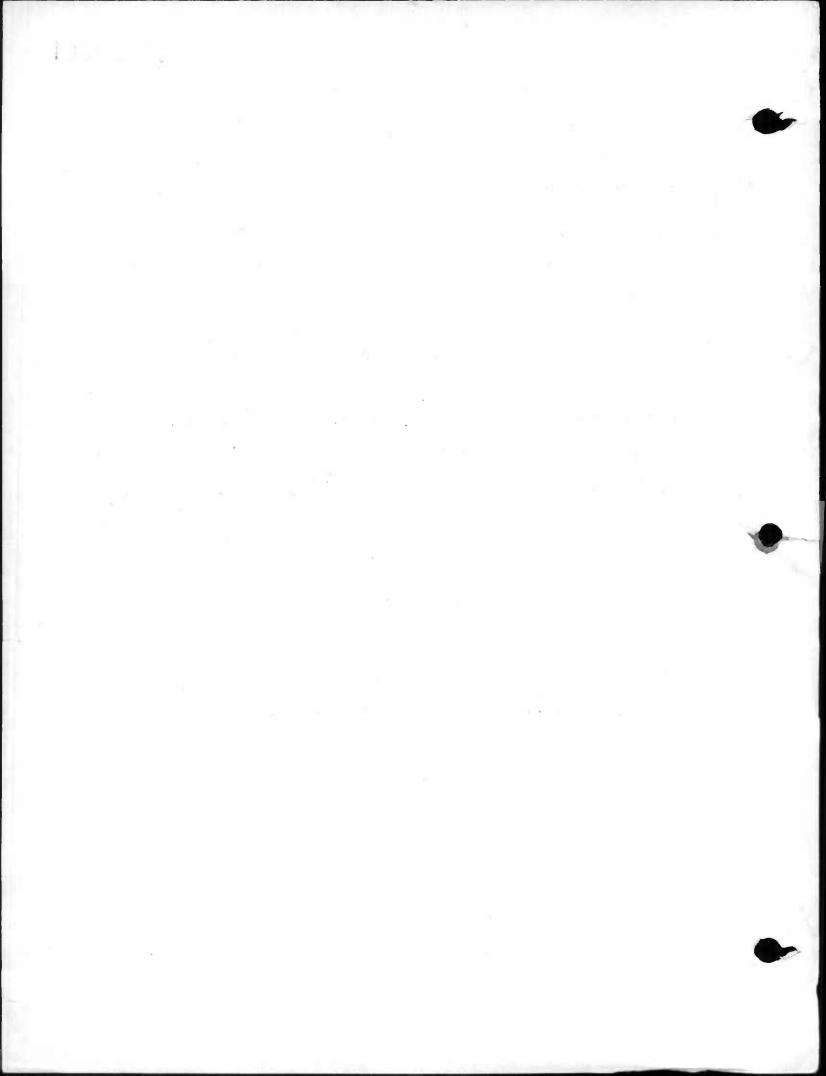
BALTIMORE, MARYLAND 21215-0020	noun after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	t, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1. DECEDENT'S NAME (First		7		DDF					2. DATE OF D	D4	NY .	YEAR	3. TIME OF OEATH
			J.		BRE					JULY	11,	19	94	10:45 P M
	4. SOCIAL SECURITY NUME 213-62-42		5. SEX	6. AGE (In yrs. last	YRS.	IF UNDER	DAYS	HOURS	24 HRS.	7. DATE OF BI (Month, Day	Year)		Country	
	99. FACILITY NAME (If not in		42	09		9b. CITY	. TOWN	OR LOCATIO	ON OF OR	03/11	125	90 000	Mar NTY OF D	yland
E I	St. Josep						l'ows		0 0. 0.				ltin	
5	RESIDENCE OF DEC													
DIRECTOR				1	10c. CIT	Y, TOWN C	OR LOCA							10d. (NS/DE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Anne	Arunde	1			10	G L E		urnie		100 CIT	IZEN OF W	1 YES 2 X NO
FUNERAL	109 Verno	n Ava	nua				- 1 "		2106	.1		log. Oit	USA	nai cooninii
5	11. MARITAL STATUS	II AVC	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Sp	ecify Yee	or No—	14. RACE	- American Indien,
BY F	1 Never Merried 2 3 Widowed 4 Divo		IF YES, GIVE V	YES 2 XN	О			ecify Cube 2 X NO		n, Puerto Rican, y:	etc.)		Spech	, White, stc.
	21.	EDENT'S EDU	CATION	sto DE	CEDENTIO	USUAL O	20110471	244						White
COMPLETED	(Specify onli Elementary/Secondary (0	y highest grade	completed) College (1-4 or 5	(Gr	ve kind of v Do NOT us	work done in retired.)	during mo	ist of working	ng	100. KINL	OF BUS	SINESS/INC	DUSTRY	
14 P	10th	712)	College (1-4 or 5		emak	cer				Hom	e			196
ő	17. FATHER'S NAME (First, M	iddle, Last)						18. MOTE	HER'S NA	ME (First, Middle	, Maiden	Surname)		
BE (enry Fr							ara E				ler
2	19e. INFORMANT'S NAME (Route Number, Cl				01061
	Barbara J	ION .		20b. PLACE A					nue	-			City or To	21061
	1 Buriel 2 Cremetic	n 3 🗆 Reme	oval from State	cemetery, crei	natory or of	ther place)	emo	rial	Pa	rk07/	15	Cha	ase,	
	21. SIGNATURE OF FUNERA	L SERVICE LIC		0 1		22.	NAME A	ND ADDRES	SS OF FA	CILITY				112
	Dawn F	McD	onald	ald						ral H k Rd.				, MD 21228
	23. PART I. Enter the d	seases, or o	complications the	t ceused the de	eth. Do n									Approximete
	IMMEDIATE CAUSE (Fir		Liet only one cet	ise on each line.										Interval Between Onset and Death
	disease or condition resulting in death)	→	S'EPS	15										3 weeks
				(OR AS A CONSEC		,								
NO.	Sequentielly list condit	lone,	b. ABSC.	OR AS A CONSEC	UENCE OF	5 DO 1	4/N	44	WX	166 0	CU	RINI	any	3 weeks
PAT	If any, leading to imme cause. Enter UNDERLY	ING	TRACI	TOBST.	RVCT	100								į į
Ē	CAUSE (Disease or Injuthat Initiated events resulting in deeth) LAS	1	RETA	OR AS A CONSEC	UENCE OF	F):	1 41	DAGE						3 weeks
CERTIFICATION	resulting in deeth) LAS		d				C 24 1	Den						
	PART II. Other eignifice						deriyin	g ceuee g	given In	Part I. 24a.	WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	METHETAT	TIC C.	A OF T	HE BLA	999	R				1 [YES 2		İ	COMPLETION OF CAUSE OF DEATH?
ME	DIABET								1_					1 TYES 2 NO
A N	DID TOBACC		CONTRIBUTI	TO CAUS	SE OF	DEAT			NC					
PHYSICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:	T poro-ta-inflict.		OTHER	3:			eck only one)				
H H	27. MANNER OF DEATH		28e. DATE OF		28b. TIM			URY AT	sidence	8 Other (Spe 28d. DESCRIB		NJURY OC	CURED	
ВУ Р		Pending Investigation	(Month, D	lay, Year)	INJ	M		YES 2	NO					
	3 Sulcida 6	Could not be	28e. PLACE 0 building,	F INJURY — At hor stc. (Specify)	ma, ferm, s	street, fect	ory, offic			26f. LOCATION City or Tox	(Street e	nd Number	r or Rural R	oute Number,
ETE	4 Homicide	datermined								ony or low	vii, Stale)			
COMPLETE			CIAN: To the best of											
Š I	2 MED	CAL EXAMINE	R: On the besis of e	xamination and/or i	nveztigatio	m, in my o	pinton, c	leath occur	red at the	time, date end	placa, an	d due to th	he ceuse(e	end manner ee stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIER	1					29c. LICE	NSE NU			29d, DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CALL	SE OF DEATH GTES	27) /Turn	Print!		U	-	547		1	1-12	-77
	Roberto F	errer	, M.D.	7600	Osle	er D	r.,	OT	vsor	n, Mar	y1a	nd	212	04
	31. DATE FILED (Month, Day,	Year)	39. REGISTRA	R'S SIGNATURE										
	JUL 14	1994	John Da	now Rand	400									
			-											DMM 16 Dou 1990





BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	
215-	attendin	
7	0	
ND	hospital	
A	De	
>	6	
IAR	etained	
2	2	
î	A	
Œ	may.	
0	9	
Σ	Page	
ALT	death.	
m	after	
	52	•
	100	
60		-
	-	,
9	3	•
$\overline{}$	P	

DIVISION OF VITAL RECORDS, P.O. BOX 687

	9	5	
-	2	8	
	13y	B	
	8	100	
	De	irec	
	S	P P	
	4	Je	
	de	2	
	after	y the	DAG
	50	0	ē
_	90	2	5
		≝ ;	ë.
	•	ey	P
	MI	plet	100
	R	E .	3.
	cut	0	
	96	an	0
	2	ian	8
	ate	ysic	5
	ffe	ā	Me
1	cert	in in	ě
	6	lene.	
•	dea	at	STRE
	he	£ :	ž
	at a	3	310
1	# S	Ded to	6
	lire	Sign	Peg
	90	He H	5
	M	Ď,	E.
	e	20	5
	E	ale	Tale of
	IAN	TUTE.	0
	Sic	Ge :	D
	OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed with thours after death. Page 6 may be re-	THE TURE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	1
	SN S	fler	Batt
	9	W T	6
	E	Ř.	É
	×	開	ić.
	ö	ä,	ğ

OSULA CL
31. DATE FILED (Month, Day, Year)

JUL 1 4 1994

CLAUDE

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / DI		TMENT				MENTAL			-	0502
	1. DECEDENT'S NAME (First, Middle, Less MARY SIR	n TCINI	OER	1111	ICATE	· OF	DEAI	n	2. DATE O	REG. NO.		YEAR 94	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bir	rthday)	IF UNDER	1 YEAR	IF UNDER	24 HDS	7. DATE O	E RIDTN			PLACE (State or Foreign
	031-44-8526	1 M 2 X F	0.5	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)		Country	1)
	9a. FACILITY NAME (If not institution, giv	street and number)			9b. CITY	TOWN OF	B LOCATIO	ON OF DE		<u>-25-18</u>	97 COUN		YLAND
DIRECTOR	ST. AGNES HOSPI						LTIM				SC COOK	TT OF DE	ZAIN
Di Di	10a. STATE 10b. COU	ITY	1	Oc. CIT	Y, TOWN C	R LOCATIO	ION						10d. INSIDE CITY
E	MARYLAND	BALTIMOF	Œ		В	ALTI	MORE	;					LIMITS?
4	10e. STREET AND NUMBER					101.	ZIP CODE		-		10g. CITIZ		HAT COUNTRY?
EB	7408 FAIRBROOK	ROAD					2	1207	7	m)		U.S	.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMED I YES 2 X NO MAR OR DATES	D			city Cube	n, Maxica	n, Puerto Ri	(Specify Year can, etc.)	or No—	14. RACE Black Specif	- American Indian, White, etc.
	15. DECEDENT'S E	DUCATION	16e, DECED	DENT'S	USUAL O	CUPATION	N		16h i	(IND OF BUSI	NESS/INDI	ISTRY	WIITID
COMPLETED	(Specify only highest gra Elementary/Secondary (0-12)	de completed) College (1-4 or 5	(Give h	NOT us	work done o	during most	t of workin	g	100.	CIND OF BUSI	NE33/NDI	Joini	
7	7	College (1-4 or 5		MEIN	AKER				1	OWN	HOM	F.	
S S	17. FATNER'S NAME (First, Middle, Last)		110	* H_K	# # C.II.		18. MOTH	IER'S NAI	ME (First, Mi	ddle, Maiden S			
	LOUIS ELLSWORTH	DATLY							NNFL				
BE	19e. INFORMANT'S NAME (Type/Print)	211221	19b, M	AILING	ADDRESS					r, City or Town,	State Zin	Code)	
5	BEVERLY BURTON	DAUGHTER	IN/LAW 3	326	CAR	A CO	URT			CITY			21043
	20a. METHOD OF DISPOSITION 1 Surfal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND cemetery, cremete MEADOWR	on or o	ther place!			7/13	DATE 3/94	10-21-10	EY M		
	21. SIGNATURE OF FUNERAL SERVICE	1	She		22. I	ROY	M &	RUSS	SELL (AL HOME
	23. PART I. Enter the diseases, on shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. List only ona ca	of caused the death use on aach lina. OF EUMON OF OR AS A CONSEQUE	NIG	not enter	the mod	DMON de of dyl	IDSON ng, such	AVE haa cardi	NUF: CA	TONS atory arm	VII.I	APProximate interval Batween Onset and Daath
ERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	O (OR AS A CONSEQUE										
CE		8.											
PHYSICIAN: MEDICAL	PART II. Other significant condit	0.0	October 1	uiting	in the un	derlying	csuse g	iven in	Part I.	PERFORM		24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	1											
O O	EXAMINER?	HOSPITAL:			OTHER		ACE OF DI	EATH (Chi	eck only one	1			
YS	1 TYES 2 TO NO		ER/Outpetient 3					sidence	6 🗆 Other				
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigatio		F INJURY 20 Day, Year)	6b. TIM	IE OF JURY M	28c. INJU WOR 1 Y	JRY AT RK? ES 2] NO	28d. DE\$0	RIBE NOW IN	JURY OCC	URED	
	3 Suicide 6 Could not b	28e. PLACE (building	OF INJURY At home, , etc. (Specify)	, farm,	street, fact	ory, offica			28f. LOCA City of	TION (Street an Town, State)	d Number	or Aural A	oute Number,
COMPLETED			f my knowledge, death										and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIF						29c. LICE	NSE NUN	MER		29d. DATE	SIGNED	(Month, Day, Year)
TO B	30, NAME AND ADDRESS OF PERSON I				- Print)				-)	7/12	194
0	30. NAME AND ADDRESS OF PERSON N		ISE OF DEATH (ITEM 2		, Print)						•	7/12	194

ST AGNES HOSPITAL DEPT OF MEDICINE DNMH-16 Rev 1/89

TO THE HIGG WAS DING PHYSICIAN. The law requires that the death certificate be executed within who was a fee death. Page 6 may be retained by the hospital or attending physician.

19 THE FLIMEN, DRIEGH. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR

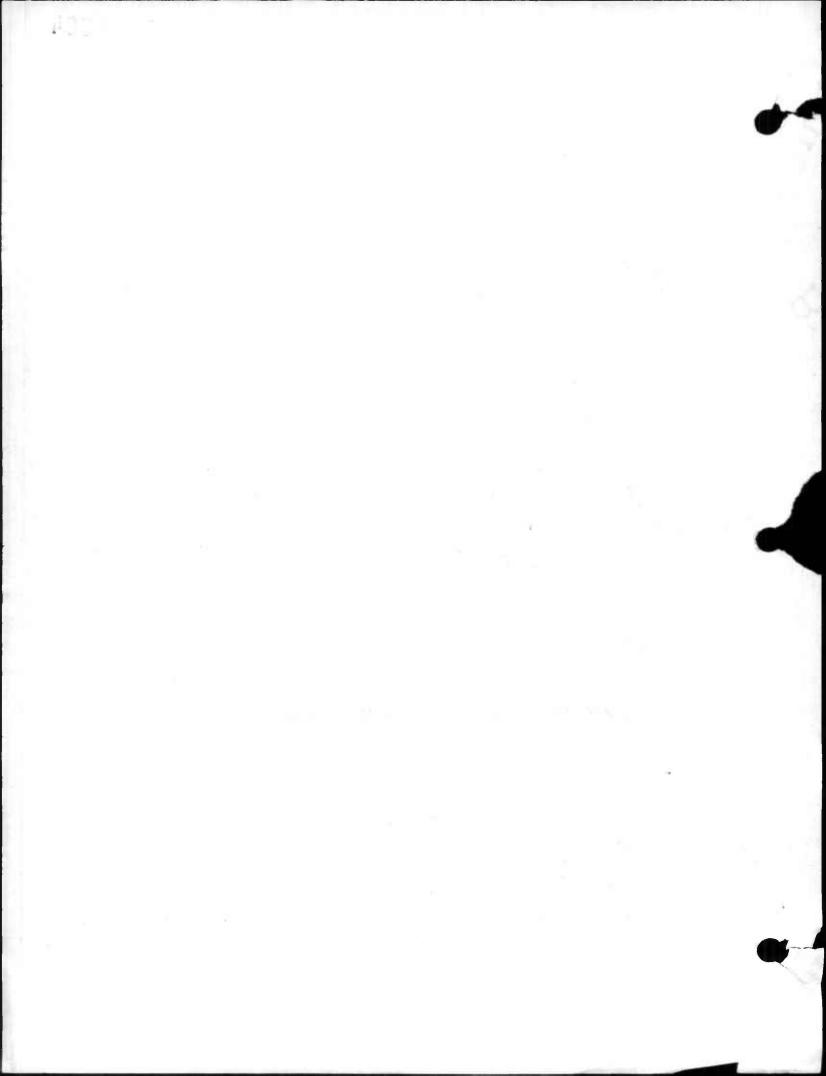
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	TIEGIOTTIAN				-NIII	ICATE	- UF	DEAL	I II	R	EG. NO.			
	1. DECEDENT'S NAME (First, GRACE	Middle, Last)	BA	KER						2. DATE OF C	DA	Υ	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. les				I and the same		guy	8	19	994	5:40 PM
	213-14-0927	EN	1 M 2 XF	91	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DAGE OF B (Month, Day 9/22/	c Wears		Country	PLACE (State or Foreign)
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)	01		9h CITY	TOWN	OR LOCATIO	ON OF DE		UK.	90 00111	NTY OF DE	
5	Meridian-Ham	ilton					Balti					SC. 0001		-Ain
DIRECTOR	RESIDENCE OF DEC						<u> </u>	11020						
2	10e. STATE	10b. COUNTY				Y, TOWN C		TION						10d. INSIDE CITY LIMITS?
<u>-</u>	Maryland	Balti	more		Į į	Baltin	_							1 TYES 2 NO
FUNERAL	9023 Old Hat	ofond Do	ı				10	f. ZIP CODE				10g. CITI		HAT COUNTRY?
N	11. MARITAL STATUS	TULU HU		T 5455 W. 110 A.		1	\perp	21234	·				USA	
	1 Never Merried 2 💢	Married	FORCES? 1	T EVER IN U.S. AR	MED	1 1	f yee, sp	ecify Cuba	n, Mexican	IC ORIGIN? (Sp i, Puerto Rican	ecify Yea , etc.)	or No-		— American Indian, White, alc.
BY	3 Widowed 4 Divo	rced	IF YES, GIVE V	MAN ON DATES		'	I [] YES	2 X NO	Specify:				Specif	white
COMPLETED		EDENT'S EDUC		18a. DE	CEDENT'S	USUAL OC	CUPATIO	ON ost of workin		16b. KINI	D OF BUS	INESS/IND		14 12.00
9	Elementary/Secondary (0		College (1-4 or 5	- Ha	Do NOT us	se retired.)	Juning Inc	ASE OF WORKE	·v					
MP				F;	inance	. Depa	rtme						nistra	ation
	17. FATHER'S NAME (FIRST, M.) James S. Paw]									AE (First, Middle	e, Maiden S	Surname)		
B	19a. INFORMANT'S NAME (7)								Kill	_				
유	John J. Baker	, jr.								more, M			Code)	
	20a METHOD OF DISPOSITI 1.0 Burlal 2 Crematio 4 Donation 6 Other		oval from State	cemetery, cre	matory or o	ther plece)			7/1	2/94		EATION —	City or Tov	vn, Stata
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE			22.1	NAME A	NO ADDRES	SS OF FAC	HLITY		0.01101.70		
	TODAY	alan 1	Funor	y don	70	7.	401 l	celair	Rd.	Baltimo				
	23. PART I. Enter the di shock, or he	seasea, or c	complications the	t caused the de	eth. Do r	not enter	the mo	de of dyl	ing, auch	aa cardiac	or reapli	etory arr	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Fin	el												Onset and Death
	disease or condition resulting in deeth)	→ ,	0. <u>SEP</u>	515										
,			GANG	OR AS A CONSEC	DUENCE OF	F): = 3	nd	45	51	A(R)	tre	1.3		
CERTIFICATION	Sequentielly list conditi if any, leading to immed	ons, diete	DUE TO	(OR AS A CONSEC	UENCE O	F):	-1-		,		,,,,,			
	CAUSE (Disease or inju	ng 🕻 🤄	56 U E	OR AS A CONSE	CIPHE	PAL		ARTER	MAL	21:	SEAS	=		
Ē	thet initiated events resulting in deeth) LAS	T	4	(an no n conce	0.000	. ,.								
- 11	PART II Other election	nt annellate e		And by a										
EDICAL	PART II. Other algolifice	in condition	a contributing to	death but not r	esuiting	in the un	derlyin	g ceuse g	given in f	Part I. 24a.	PERFOR		200	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
										_ 10	YES 2	NO		OF DEATH?
										_				1 YES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL T					26 DI	ACE OF D	EATH (Cho	ck only one)				
PHYSICIAN: M	EXAMINER?		HOSPITAL:	FR/Outnationt 3	□ DOA	OTHER	1:			6 Other (Spe				
Ě	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	ISIGSTICS (28d. DESCRIB		JURY OCC	CURED	
BY		Pending investigation	(Month, D	my, rear)	INJ	M		PRK? YES 2 [NO					
_	3 Suicide 8	Could not be	28a. PLACE C building,	F INJURY — At ho	me, ferm, (street, fect	ory, offic	•		26f. LOCATION City or Tox	N (Street a	nd Number	or Rural Ro	oute Number,
	4 Homicide	determined									, 5.5.67			
COMPLETED			CIAN: To the best of											
Š	one) 2 MEDI	CAL EXAMINE	R: On the besis of a	xamination and/or I	nvestigatio	n, in my o	pinion, d	leath occur	ed at the t	lime, date and	place, enc	due to th	a ceuse(s)	and manner es stated.
BE	296. SIGNATURE AND TITLE								NSE NUM					(Month, Day, Year)
<u> </u>	curganxson		w					DI	66/	7		1 Ch	ily	9, 1994
	30. NAME AND ADDRESS OF	_	COMPLETED CAU	SE OF DEATH (ITE	1 27) (Type,	Print)	7	RI	17.4	000		0 :	7124	
	31. DATE FILED (Month, Day,	- SOAR		R'S SIGNATURE	PAL	u n		DA	y M	OTEC	M	D . A	1210	
	JUL 1 4 19	94	Ale: r.	L.										
	.0	6	Julia Savid	- Porple	È						_			DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760 TENDING PHYSICIAN: The law requires that the death certificate be executed with FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

		1 - STATE REGISTRAR		CE	ERTIF	ICATE (F DEA	TH	REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	AY.	YEAR	3. TIME OF OEATH
,		SALLIE	HATT			BI	EARD		JULY 9.	1994		12.00am m
		4. SOCIAL SECURITY NUMBER 249-16-1655	5. SEX	6. AGE (In yrs. las		MONTHS DA	AR IF UND	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 6-18-19	10	8. BIRTH Country	PLACE (State or Foreign
pinc		9a. FACILITY NAME (If not institution, give			YRS.	at OUTV TO	WN OR LOCA				2	" S.C.
3 should	۳	740 POPLAR (r IMOR		ATH	9c. COUN		
1, 2,	CTOR	RESIDENCE OF DECEDENT				L DAL.	LIMOR	.E		[v]	ARI	LAND
physician. burlal-transit permit. Pages 1,	DIRE	Md 106. COUNT	.Y			to to	OCATION					10d. INSIDE CITY LIMITS? 1XX YES 2 \(\text{NO} \) NO
perm	3AL	10e. STREET AND NUMBER					10f. ZIP CO			1112		HAT COUNTRY?
an. ransit	FUNER	740 Poplar Gro					212			US	A .	
the the	B⊀	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2X	IMEO NO	If yes		an, Mexica	ilC ORIGIN? (Specify Yea n, Puerlo Ricen, etc.) ::	or No—	Black	:— American Indian, ; White, atc. ^{fy:} Black
r attend use as	ED	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)			USUAL OCCUI		dna	16b. KIND OF BU	SINESS/INOL		
the hospital or detached for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	.) Ilfe.	Do NOT u	e Oper						
d be detach	ш	17. FATHER'S NAME (First, Middle, Lest) Will Goodwin					16. MO S t	THER'S NA	ME (First Middle Meider Janie Walt	Surname) Cer		
5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print) Patricia Liggir	16	191					Balto, Md			
page t pe		20g, METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOSITIO	N (Name of	Lanc		CATION — C		wn. State
age 6 ma director, p or must	os in	1 (A) Buriel 2 Cremation 3 Rar 4 Donation 5 Other (Specify)	- 1	Cedar	matory or c	T Ceme	tery		71394 Anr		-	7 Co, Md
ter death. Page 6 may be the funeral director, page wal.		Atrome	H. 2	ompsi	37	- Ma 43		/H We abash	st Avenue			
ely fills		23. PART Enter the diseases, or ahock, or heart failure iMMED ATE CAUSE (Final disease or condition resulting in death)	aa.	taus					hisa cardiac or respi			Approximata Interval Between Onset and Death
executed with and complete to burial, crem matic event	Z	Common letter than a secretarion	. Of the	(OR AS A CONSE	QUENCE O	(F):			8	1880	26	
	ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	OUENCE O	F):						
ing phy giene p	CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	C. OUE TO	(OR AS A CONSEC	OUENCE O	f):						
the attend Mental Hy Njury, or			d									
	MEDICAL	PART II. Other aignificant condition	na contributing to	death but not r	reaulting	In the under	lying cauae	given in	Part I. 24a. WAS AN PERFOF	RMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
has been Dept. of	z	DID TOBACCO USE	CONTRIBUT	E TO CAL	JSE O	F DEATH	YES					
t: The lay cate has State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF	DEATH (Ch	eck only one)			
SICIAN: The certificate of the State	PHYS	1 YES 2 NO	1 Inpatient 2		DOA 26b. TIN	4 - Nursing		Sidence	6 Other (Specify)		NE STATE	
this with	BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, De			JURY	. INJURY AT WORK?	□ NO	26d. DEŞCRIBE HOW I	NJURY OCC	URED	
		3 Suicida 6 Could not be 4 Homicide determined	26s. PLACE Of building,	F INJURY — At ho atc. (Specify)	ome, term,	street, tactory,	offica		261. LOCATION (Street and City or Town, State)		or Rurel R	loute Number,
3-12 =1	COMPLET								to the cause(a) and mai			Oil constitution
TO THE MOSPITE TO THE FOREBADE FILE WITHIN 7.		296. SIGNATURE AND TOLE OF CERTIFIE				, му орим						
THE Fled	H	MX	2					CENSE NUN	Control of the Contro			(Month, Day, Year)
# # # ¥ %	임	30 NAME AND ADDRESS OF PERSON W	IO COMPLETED CAUS	BE OF DEATH (ITE	М 27) (Туре	, Print)		0.C.	M.E	JUL	<u>Y</u>]	3.1994
		Among.	Ne.	111 Pe	nn S	Street	. Ba	ltim	ore. Mar	ylan	d 2	1201
.		31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPITAL OR A

	_	
	ages	
	il. P	
	Эегш	
	sit p	
ian.	tran-	
ysic	inal	
90	e D	
ndin	IS th	
atte	Se a	
10	lor u	
Spita	per	
9	staci	
#	b d	
5	d bi	
taine	Shoc	
9	5	
ay b	pag	
E 9	101,	
age	direc	
9	eral (
Seatt	Į,	
ther	the	oval.
Sa	100	E.
700	ed i	0.
1	ly fill	ation
vithi	olete	rem
pa	E CO	al.
пое	pur	PE.
8	an a	5
ote b	ysici	Dio.
tifica	40 0	ene
9	ding	HA
eath	atte	Ital
hed	the	¥e
at t	B	and
th sa	gned	alth
quin	n Si	He
w re	Pee	, o
Je la	cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	Del
F	cate	State
CIA	ertifi	the :
HYSI	NS C	vith
G P	er th	ath w
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR; After this certificate has been signer	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TEN	108	after
A A	REC	SID
0	0	2

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HOWARD STANLEY **BLEVINS** JULY 06 94 5:10 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 230 32 8962 1 M 2 🗆 I YRS. 01/02/1930 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BROOKWOOD ROAD 4904 BROOKLYN PARK ANNE ARUNDEL 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Baltimore 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4904 Brookwood Road 21225 U.S.A. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE --- American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarlo Rican, atc.) 1 TES 2 NO Specify ВУ Specify: 3 Widowed 4 Divorced World War II White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) 10th Grade Quality Control Kennecott 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) R. J. Blevins F Etta May Powers BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mickey Blevins 1636 Williams Avenue Essex, Maryland 21221 pe 20a. METHOD OF DISPOSITION
TO Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must Valley Mem. Gardens7/11 4 Donation 5 Other (Specify) Big Stone Gap, Va. medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md 23. PART I. Enter the diseases, or Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory erreat, abock, or haert failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Fine) **Onset and Desth** the disease or condition _____ event, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events. resulting in deeth) LAST 10 shows any injury, PART II. Other algoriticent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE YES 2 NO YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one HOSPITAL: OTHER: NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5X XR 0 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 1 Natural UNK М UHC BY 2 Accident
3 Suicide
4 Homicide 26s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 659 28f. LOCATION (Street 8 Could not be COMPLETED 190 Item 28 HUM 29a, CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and H 11 2 MEDICAL EXAMINER ation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Devido

DHMH-16 Rev 1/89

JULY 7.1994

C.M.E

111 Penn Street, Baltimore, Maryland 21201

code de

-

žt.

1.1

DIVISION OF VITAL RECORDS P.O. BOX 68760

_	OULS
,	vithic
2	nted v
, T.O. DOA 00	exect
5	8
5	ficate
Ş	E
2,	s that the death ce
Š	the
5	that
WINE RECORDS,	requires
į	A.
	The
-	CIAN
)	F 33
;	DIMO
9	TEN
-	è
1	r.
	5

		24	200
FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.		

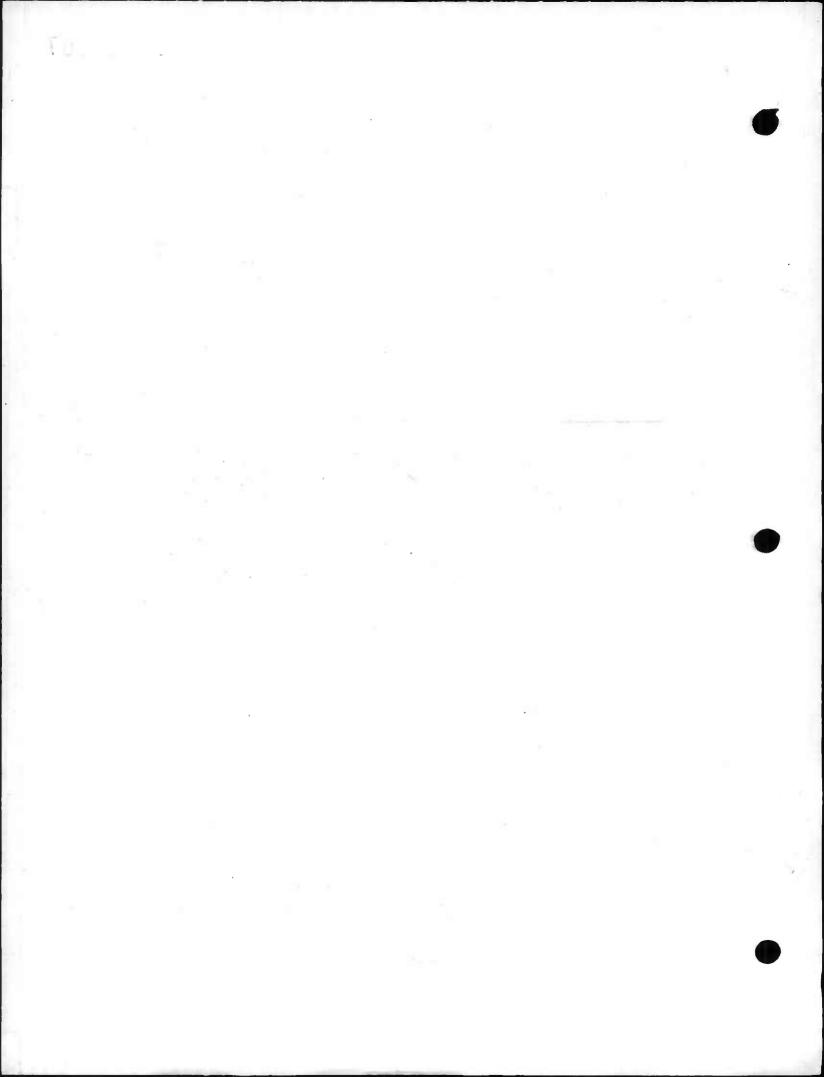
	1. DECEDENT'S NAME (First, Middle, Las LILLIAN Mary			BAL	DWIN			2. DATE OF DE	1 2 Pay 994	YEAR	3. TIME OF DEATH 9:10 pm
	4. SOCIAL SECURITY NUMBER 21418-0286	5. SEX 1 M 2X F	8. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEA		MIN.	7. DATE OF BH (Month, Day, 11/4/	Year)	Counti	IPLACE (State or Foreign ny) aryland
10R	9. FACILITY NAME (If not institution, give Saint Joseph Hos					WSOR,		ATH	9c. COU	Baltin	DEATN
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ITY			r, town on Lo Ltimore						10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STRESTAND NUMBER Belair Ro	ad				101. ZIP COD 212				S.A	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIYE WI	TEVER IN U.S. ARI YES 2 N AR OR DATES	MEO O	If yes	DECENDENT (, specify Cube YES 2 NO	m, Mexican	, Puerto Rican,	etc.)	Biaci	E — American Indien, k, White, atc.
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary(Secondary (0-12)		(GA	ve kind of v Do NOT us	usual occup vork done during e retired.) naker	PATION g most of working	ng	166. КІМО	of Business/IN		
BE COI	17. FATHER'S NAME (First, Middle, Last) John Conway					St	tella	Bucki	0		
2	William Baldwir	1		5134	Belair	Road	Balt	imore,	y or Town, State, Zi Marylai	nd 21	
	20g. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		Parkwoo	ND DATE O	-		7	/15/94	Baltir	more,	MD.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE LIPPE	Op		7110	Belai	es of FAC	ad, Ba	Dippel I 1timore,	Tuner , Mar	al Home 1 yland 212
	IMMEDIATE CAUSE (Final										
SERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b. GANGREN DUE TO (OR AS A CONSEQ	UENCE OF	R DISEA	SE					Onset and D 2weeks 3weeks
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (DUE	ICOR AS A CONSEQ PAL VASC FOR AS A CONSEQ death but not re	UENCE OF	n the underl	ying ceuse	_	1	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b	Onset and D 2weeks 3weeks + 3 yea were autopsy fino MARLABLE PRIOR TO
SICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other eignificant conditions of the condition	DUE TO (DUE	TO CAUS	DENCE OF	n the underl	YES	NO EATH (Char	1 Ck only one)	PERFORMED? YES 2 NO	24b	Onset and D Zweeks 3weeks +3 yea were autopsy finor and and able Prince to Computation of Caustoff Death?
PHYSICIAN: MEDICAL CERTIFICATION	resulting in death) Sequentially list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other eignificant conditions of the condition of the condi	DUE TO (DUE	TO CAUS	DOA 28b. TIM	DEATH OTHER: 4 Nursing 26c, URY 28c,	YES	NO EATH (Cheesidence (1 Cok only one)	PERFORMED? YES 2 NO		Onset and D Zweeks 3weeks +3 yea were autopsy finor and and alle Prince to Completion of Cau of Death?
TED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other eignificant conditions of the condition	DUE TO (DUE	TO CAUS	DOA 28b. TIM	DEATH OTHER: E OF URY M 1	YES	NO EATH (Cheesidence (1 1	YES 2 NO City) E HOW INJURY OC (Street and Number	CCURED	Onset and D Zweeks 3weeks +3 yea +3 yea were autopsy fino AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 yes 2 No
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the condition	DUE TO (DUE	TO CAUS ER/Outpatient 3 INJURY 19, Year) Tiny knowledge, des	DOA 28b. TIMM	DEATH DEATH OTHER: 4 Nursing I Breet, factory, of	YES	NO EATH (Cheesidence (ok only one) 3 Other (Specased, Describer City or Town	YES 2 NO City) E HOW INJURY OC (Street and Number, State)	CCURED or or Rural P	3 Y C C C C C C C C C C C C C C C C C C
TED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the condition	DUE TO (DUE TO (DUE TO (C. PERIPHE) DUE TO (TO CAUS ER/Outpatient 3 INJURY 9, Year) FINJURY — At honate. (Specify) my knowledge, dea amination and/or in	DOA 28b. TIMINUTE OF THE PROPERTY OF THE PROPE	DEATH DEATH 20 OTHER: 4 Nursing I E OF URY M 1 Interest, factory, of	YES	NO DEATH (Choral Parkets) DEATH (Choral Parke	281. LOCATION City or Town to the cause(e) of	PERFORMED? YES 2 NO City) E HOW INJURY OC (Street end Numbern, Stete) and manner ee statelece, and due to to	or or Rural R	Onset and D 2weeks 3weeks + 3 yea + 3 yea were autopsy finology AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO

à0^ = . .

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within lours after death. Page 6 may be retained by the hospital or attending physician.	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after the State Dent of Health and Mental Horison prinzil cremation or senoral	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAL	TO THE FUNERAL DIRECTOR: After this certifine the filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, or

	1 - STATE STATE REGISTRAR	TE OF MARYLAND /	DEPARTMENT STATEMENT			MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) BENNY .	COLES				2. DATE OF DEATH DA	Y 94 YEAR	3. TIME OF DEATH	
	212-42-3233	6. AGE (In yrs. last	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 11/09/4	5 BAI	TO., MD	
TOR	9a. FACILITY NAME (If not institution, give street and in NORTHWEST HOSPIT) RESIDENCE OF DECEDENT		9b. Cf	96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE					
DIRECTOR	MARYLAND 10b. COUNTY		10c. CITY, TOWN	DR LOCAT			10d. INSIDE CIT- LIMITS? 1 YES 2		
FUNERAL	3528 ROCKDALE CO			101	US	WHAT COUNTRY?			
В	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	MED 1:	If yes, spe	ENOENT DF HISPAN ecify Cuban, Maxica 2 X NO Specify	HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No— 14. RAI Bla Spe	CE — American Indian, ck, Whita, atc. City: Black		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete: Elementary/Secondary (0-12) 12th College	(Gh life.	CEDENT'S USUAL ve kind of work don Do NOT use retired DY & F	e during mo	n st of working R REPAI	R LEN	STOLER	4	
	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Meiden			
BE	VIRGIL COLES 19a. INFORMANT'S NAME (Type/Print)	196	. MAILING ADDRE	SS (Street a		E LEE MC.			
유	DORIAN COLES Dorea				LE COUR		MORE, N	ID 21244	
	20a. METHOD OF DISPOSITION Surial 2 Cremation 3 Removal from 4 Donattor 5 Other (Specify)	stata cemetery, crer.		ORI	AL PARK	7/16 AR	CATION — City or T	MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICENSES) Due &	4	LERO 1600	LIBERT	ETT & SON	S AVENI		
	23. PAUS I. Inter the diseases, or complice shock, or heart fallere. List only iMMEDIATE CAUSE (Final disease or condition resulting in death)	Acute M	eth. Do not ent	er the mo	de of dying, auc	for -ctro	ratory arreat,	Approximata interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated evente to the condition of the condi								
CERTI	resulting in death) LAST								
: MEDICAL	PART II. Other algnificant conditions contri			g in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 1 □ YES 2 □ NO				b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 HO	
AN	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUS	E OF DEA						
SICI	EXAMINER? HOSE	PITAL: patient 2 FR/Outpetient 3	DOA A N	ER:	ACE OF DEATH (Ch	8 C Other (Specify)			
BY PHYSICIAN		a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJ WO 1 1	JRY AT RK?	28d. DESCRIBE HOW II	NJURY OCCURED		
	4 Homicide determined	PLACE DF INJURY — At hor building, atc. (Specify)	ne, tarm, street, li	ectory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To the Certifying Phy							(a) and manner as stated.	
TO BE (296. SIGNATURE AND TITLE OF CENTIFIER				D 1 91	7/	17-1	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED IN CL. 6-99 31. ONTO THE COMPLETED IN	47.86 x	27) (Type, Print)	ナット	NCAZI	g uself l	Kand-	1/storen,	
	JUL 1 4 1994 Allie	Davids SIGNATURE							



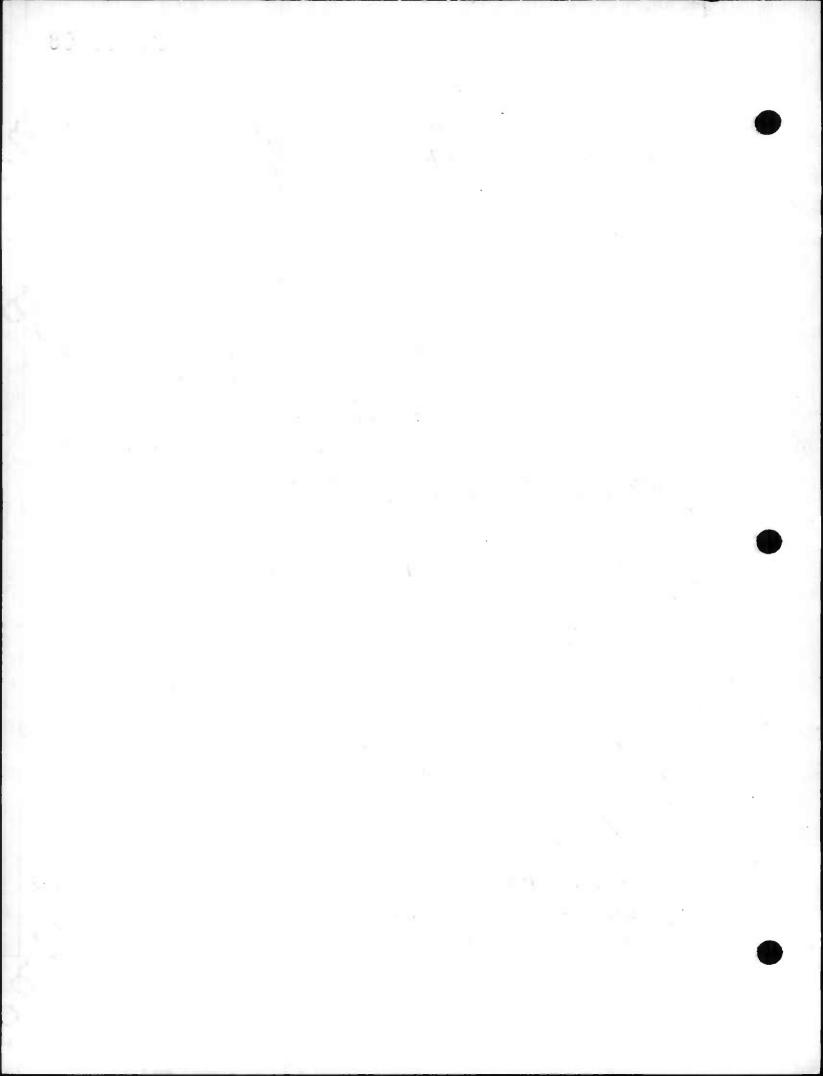
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 500 A.M relexance 00 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF LINDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 | F 215-05-7232 A L "GENTINA 8 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MEREDIAN - HAMILTON BaltimorE, RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 TYES 2 XXNO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 16g. CITIZEN OF WHAT COUNTRY? 4213 Fullerton Avenue funeral director, page 5 should be detached for use as the burial-transit 21236 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES t3. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No—II yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 7 NO Specify: 14. RACE — American Indian, Black, White, stc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY Specify: 3 🕅 Widowed 4 🗌 Divorced White 16e. DECEDENT'S USUAL OCCUPATION

Work flone during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5 +) Elementary/Secondary (0-12) Driver Lassahn Funeral Home once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Michaelangelo Conti Rosa Unknown notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Frederick J. Conti 6826 Everall Ave. Baltimore, Md. 21206 hours after death, Page 6 may be Pe 20a METHOD OF DISPOSITION

1 Weurlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Baltimore, md. Gardens" Of Faith Cemetery 7/11/94 4 ☐ Donation 5 ☐ Other (Specify) _ examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home nome 7401 Belair Rd. Baltimore, Md. 21236 n and completely filled in by the to burial, cremation, or removal. medicai 23. PART I. Enter tha diseases, or complications that caused the death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) Acute Probable event. OUE TO (OR AS A CONSEQUENCE OF): Severe Aortic traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, laading to immediata physician one prior to death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 0 been signed by the atte PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Dementio 1 TYES 2 NO 1 YES 2 NO PHYSICIAN has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ATTENDING PHYSICIAN: The certificate t EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 50 27. MANNER OF GEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? this c 26d. OESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending 1 YES 2 NO ВУ After 1 2 Accident Investigation 3 Suicide 26s. PLACE OF INJURY — At home, larm, street, factory, offica building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 6 Could not be COMPLETED after of 28 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(a) and manner as atsted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITCE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 216619 aurgrentous 222 2 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) C. VERGARA - SOARES 2947 ST-PAUL ST. BALT. MD. 21218

" 31. REGISTRAN'E SIGNATURE



D 21215-002
Z
A
×
AR
Σ
Ę
TIMOR
ž
E
AL.
BA
•
90
68760
9 X
9
9 X
BOX 6
O. BOX 6
3S, P.O. BOX 6
S, P.O. BOX 6

DIVISION OF VITAL RECORDS, P.O. BOX 68760

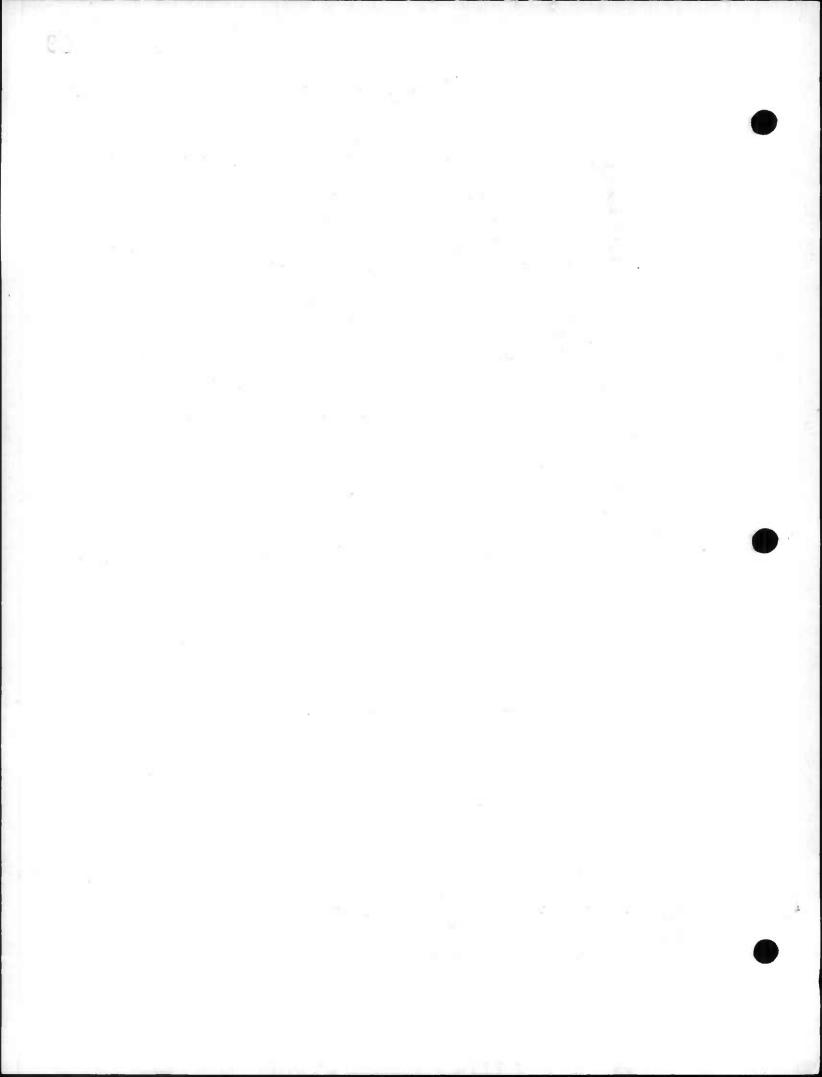
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

1 1	REGISTRAN		ITICALE			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH	
1 1	Dolores M.	COOK			l l	July 12,19	94	YEAR 4:00 P	
1 3							74		
		AGE (In yrs. last birth		-		7. DATE OF BIRTH (Month, Day, Year)	- 1	8. BIRTHPLACE (State or Foreig Country)	gn
	210-24-1547 1 M 2 T F	61 Y	RS. WONTHS	MYS HOURS	MIN.	08/29/3	22		
1 4	9a. FACILITY NAME (If not institution, give street and number)	Oh OUTY T	9b. CITY, TOWN OR LOCATION OF DEATH				Pennsylvani	La	
السا		90. CITY, 1					NTY OF DEATH	- 1	
1 8 1	Franklin Square Hosp:	ital	1	Rossvi	11e		Ba1	timore	
151	RESIDENCE OF DECEDENT								$\overline{}$
DIRECTOR	10a. STATE 10b. COUNTY	100	c. CITY, TOWN OR	LOCATION				10d. INSIDE CITY	
1 = 1								LIMITS?	
	Maryland Baltimore		Mide	dle Ri	ver			1 TES 2 NO	
₹	10a. STREET AND NUMBER			101. ZIP CODE	E		10g. CIT	IZEN OF WHAT COUNTRY?	
FUNERAL	24 Handamaan Dand			212	20			0.3	
I Z I	24 Henderson Road			212				S.A.	
∵	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1	VER IN U.S. ARMED	13. WA	S DECENDENT O	F HISPANIC	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, atc.	
1 6	IE VES CIVE WAD	OR DATES		YES 2 NO		Puarto Hican, etc.)	- 1	Specify:	
B	3 Wildowed 4 Divorced			X	орослу			White	
	15. DECEDENT'S EDUCATION	se- prorpe	ENT'S USUAL OCC			T			
1 🖺 1	(Specify only highest grade completed)	(Give kir	nd of work done dur	ing most of workin	ng	16b. KIND OF BUS	INESS/INC	DUSTRY	
ių	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do A	VOT use retired.)						
르	9	T.	unch A:	i		VMCA	Ľ	leadstart	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		unch A.			E (First, Middle, Maiden ;		leadstart	
0							Sumame)		
B	Andrew Wilson			Co	ra B	enford			
	19a. INFORMANT'S NAME (Type/Print)	19b, MA	ILING ADDRESS (S	Street and Number	or Burni Bo	ute Number, City or Town	State Zir	n Code)	
임	Karen Cook							id. 21220	
		24	nenuel:	SOII KU	. Da	iltimore	1 IAI	id. ZIZZU	_
1	20a. METHOD OF DISPOSITION 1 CyBurlai 2 Cremation 3 Removal from State	20b. PLACE AND D	DATE OF DISPOSITI	ON (Name of		DATE 20c. LOC	ATION	City or Town, State	
	4 Donation 5 Other (Specify)	cemetary, cremator	ry or other place) LI i]] Ma	om Car	done	7/16/94	Pa	ltimore Co.	
1 1	21. BIGNATURE OF FUNERAL SERVICE LICENSEE	INOTTY					Ба	ittimore co.	•—
	Bruzdzinski Funeral Home, P.A.								
-	1407 Old Eastern Ave.Balt.,Md.2122								221
23. PART f. tinter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest									
shock, or heart failure. Lift only one cause on each line.								Interval Betw	
1 1	IMMEDIATE CAUSE (Final disease or condition							Onset and Do	eath
1 1	resulting in death) . Metastat	ic cancer	r of ute	rine ca	ancer				
	DUE TO (OF	R AS A CONSEQUEN	CE OF):						-1
_	_								- 1
	Sequentially list conditions, b.	2 40 4 000050050	05.00						
Ó	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
TION	If any, leeding to immediate							- 1	- 1
CATION	cause. Enter UNDERLYING		CAUSE (Disease or Injury C.						
FICATION	r sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Joury	R AS A CONSEQUEN	CE OF):	_					
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	R AS A CONSEQUEN	CE OF):						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OF	R AS A CONSEQUEN	CE OF):						
L CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST			riving ceuse o	alven in P	art 24e WAS AM	MITTOREY	14b WEDE ALTMOOV ENITHING	ALOS .
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OF			erlyling ceuse g	given in Pa	art I, 24a. WAS AN , PERFOR		24b. WERE AUTOPSY FINDI	
	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST			erlying ceuse g	given in Pa	art I, 24a. WAS AN. PERFOR 1 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUS	
EDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST			erlying ceuse g	given in Pr	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other significent conditions contributing to de	eth but not result	ting in the unde			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUS	
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	eth but not result	ting in the unde			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OF d	eth but not result	ting in the unde] NO	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in desth) LAST DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERREO TO MEDICAL EXAMINER?	TO CAUSE	OF DEATH	YES 28. PLACE OF DI	NO	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
SICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE DID TOBACCO USE CONTRIBUTE S. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NO NO IT STAY, leading to immediate cause. C. DUE TO (OF of the contributing to de of the con	TO CAUSE	OF DEATH	1 YES	NO	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
SICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in desth) LAST DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO PER NO NO PER NO PER NO NO PER N	TO CAUSE	OF DEATH	H YES	NO EATH (Checi	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2X NO	
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	TO CAUSE	OF DEATH	H YES 26. PLACE OF DI 9 Home 5 Re 9 Rore 7 Re	NO EATH (Check	PERFOR 1 YES 22 k only one) Other (Specify)	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2X NO	
SICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other significent conditions contributing to de DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Notural 5 Pending Investigation 1 Natural 5 Pending Investigation	TO CAUSE R/Outpetlant 3 D JURY 26t	OF DEATHON OTHER:	26. PLACE OF DI 26. PLACE OF DI 27. PLACE OF DI 28. PLACE OF DI 28. PLACE OF DI 29. PLACE OF DI 20. INJURY AT WORK? 1 YES 2	NO EATH (Checi	PERFOR 1 YES 2 k only one) Other (Specify) 26d. DESCRIBE HOW IN	MED?	AWILLABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2X NO	
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Netural 5 Pending Investigation 1 Accident 1 Accident 3 Suicide 6 Could not be	TO CAUSE R/Outpetient 3 D JURY Year) NJURY — At home, f.	OF DEATHON OTHER:	26. PLACE OF DI 26. PLACE OF DI 27. PLACE OF DI 28. PLACE OF DI 28. PLACE OF DI 29. PLACE OF DI 20. INJURY AT WORK? 1 YES 2	NO EATH (Checi	PERFOR 1 YES 22 h only one) Other (Specify) 26d. DESCRIBE HOW IN	MED?	AWILLABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2X NO	
ED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28. PLACE OF IN. (Month, Dey,	TO CAUSE R/Outpetient 3 D JURY Year) NJURY — At home, f.	OF DEATHON OTHER:	26. PLACE OF DI 26. PLACE OF DI 27. PLACE OF DI 28. PLACE OF DI 28. PLACE OF DI 29. PLACE OF DI 20. INJURY AT WORK? 1 YES 2	NO EATH (Checi	PERFOR 1 YES 2 k only one) Other (Specify) 26d. DESCRIBE HOW IN	MED?	AWILLABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2X NO	
ED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE PART II, Other significent conditions contributing to de DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	TO CAUSE R/Outpetient 3 D JURY Year) NJURY — At home, f. (Specify)	OF DEATHON OTHER: OA 4 Nursin b. TIME OF INJURY M arm, street, factory	H YES	NO EATH (Check reidence 6	PERFOR 1 YES 22 Other (Specify) 26d. DESCRIBE HOW IN City or Town, State)	MED? (NO IJURY OCI	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO CURED	
ED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE PART II, Other significent conditions contributing to de DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	TO CAUSE R/Outpetient 3 D JURY 26t NJURY — At home, f. (Specify)	OF DEATHON A 1 NURSIN D. TIME OF INJURY M arm, street, factory	26. PLACE OF DI g Home 5 Re sc. INJURY AT WORK? 1 YES 2 7, office	NO EATH (Checi seldence 6	PERFOR 1 YES 2 Other (Specify) 26d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Town, State)	MED? [] NO IJURY OCI Ind Number	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO CURED TO Plural Route Number,	SE
ED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE PART II, Other significent conditions contributing to de DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	TO CAUSE R/Outpetient 3 D JURY 26t NJURY — At home, f. (Specify)	OF DEATHON A 1 NURSIN D. TIME OF INJURY M arm, street, factory	26. PLACE OF DI g Home 5 Re sc. INJURY AT WORK? 1 YES 2 7, office	NO EATH (Checi seldence 6	PERFOR 1 YES 2 Other (Specify) 26d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Town, State)	MED? [] NO IJURY OCI Ind Number	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO CURED TO Plural Route Number,	SE
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beale of axerrence of the pending of the pending of the pending investigation one) 2 MEDICAL EXAMINER: On the beale of axerrence of the pending of the pending investigation one)	TO CAUSE R/Outpetient 3 D JURY 26t NJURY — At home, f. (Specify)	OF DEATHON A 1 NURSIN D. TIME OF INJURY M arm, street, factory	H YES	NO EATH (Check seldence 6	PERFOR 1 YES 2 VES 2 VE	MED? [] NO IJURY OCI Ind Number There as stated due to the	AWAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO CURED TO Rural Route Number, ted. ha cause(a) and manner as state	SE
E COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE PART II. Other significent conditions contributing to de DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of axem 29b. SIGNATURE AND TITLE OF CERTIFIER	TO CAUSE R/Outpetient 3 D JURY 26t NJURY — At home, f. (Specify)	OF DEATHON A 1 NURSIN D. TIME OF INJURY M arm, street, factory	26. PLACE OF DI 26. PLACE OF DI 27. PLACE OF DI 28. PLACE OF DI 29. INJUSY AT 1 YES 2 2 (, office	NO EATH (Checi seldence 6	PERFOR 1 YES 2 VES 2 VE	MED? [] NO IJURY OCI Ind Number There as stated due to the	AWAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO CURED TO Rural Route Number, ted. the cause(a) and manner as state. E SIGNED (Month, Day, Year)	ed.
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beale of axerrence of the pending of the pending of the pending investigation one) 2 MEDICAL EXAMINER: On the beale of axerrence of the pending of the pending investigation one)	TO CAUSE R/Outpetient 3 D JURY 26t NJURY — At home, f. (Specify)	OF DEATHON A 1 NURSIN D. TIME OF INJURY M arm, street, factory	H YES	NO EATH (Check seldence 6	PERFOR 1 YES 2 VES 2 VE	MED? [] NO IJURY OCI Ind Number There as stated due to the	AWAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO CURED TO Rural Route Number, ted. ha cause(a) and manner as state	ed.
E COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE PART II. Other significent conditions contributing to de DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of axem 29b. SIGNATURE AND TITLE OF CERTIFIER	TO CAUSE R/Outpetient 3 D JURY Year) NJURY — At home, f (Specify)	OF DEATHON A 1 Nursin b. TIME OF INJURY M arm, street, factory courred at the time digetion, in my opin	26. PLACE OF DI 26. PLACE OF DI 27. PLACE OF DI 28. PLACE OF DI 29. INJUSY AT 1 YES 2 2 (, office	NO EATH (Check seldence 6	PERFOR 1 YES 2 VES 2 VE	MED? [] NO IJURY OCI Ind Number There as stated due to the	AWAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO CURED TO Rural Route Number, ted. the cause(a) and manner as state. E SIGNED (Month, Day, Year)	ed.
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE PART II, Other significent conditions contributing to de DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	TO CAUSE R/Outpetient 3 D SURY 26t NJURY — At home, f. C. (Specify) r knowledge, death o	OF DEATH OA 4 Nursin D. TIME OF INJURY M arm, street, factory courred at the time tigetion, in my opin	26. PLACE OF DI g Home 5 Re sc. INJURY AT WORK? 1 YES 2 r, office 29c. LICE N/A	NO EATH (Check seldence 6	PERFOR 1 YES 2 Ves 2 Ves	MED? {] NO IJURY OCI Ind Number There as stated due to it is to it.	AWAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO CURED TO Rural Route Number, ted. the cause(a) and manner as state. E SIGNED (Month, Day, Year)	ed.
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE PART II. Other significent conditions contributing to de DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Netural 5 Pending 1 Netural 5 Pending 2 Accident 1 Netural 1 Net	TO CAUSE R/Outpetlant 3 D SURY Vear) NJURY At home, f. (Specify) OF DEATH (ITEM 27) in Square	OF DEATH OA 4 Nursin D. TIME OF INJURY M arm, street, factory courred at the time tigetion, in my opin	26. PLACE OF DI g Home 5 Re sc. INJURY AT WORK? 1 YES 2 r, office 29c. LICE N/A	NO EATH (Check seldence 6	PERFOR 1 YES 2 Ves 2 Ves	MED? {] NO IJURY OCI Ind Number There as stated due to it is to it.	AWAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO CURED TO Rural Route Number, ted. the cause(a) and manner as state. E SIGNED (Month, Day, Year)	ed.
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ERI 1 Netural 5 Pending Investigation 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER COULD COMPLETED CAUSE DY R. Chitakki 9000 Frank1 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	TO CAUSE R/Outpetlant 3 D SURY Vear) NJURY At home, f. (Specify) OF DEATH (ITEM 27) in Square	OF DEATH OA 4 Nursin D. TIME OF INJURY M arm, street, factory courred at the time tigetion, in my opin	26. PLACE OF DI g Home 5 Re sc. INJURY AT WORK? 1 YES 2 r, office 29c. LICE N/A	NO EATH (Check seldence 6	PERFOR 1 YES 2 Ves 2 Ves	MED? {] NO IJURY OCI Ind Number There as stated due to it is to it.	AWAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO CURED TO Rural Route Number, ted. the cause(a) and manner as state. E SIGNED (Month, Day, Year)	ed.
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE PART II. Other significent conditions contributing to de DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Netural 5 Pending 1 Netural 5 Pending 2 Accident 1 Netural 1 Net	TO CAUSE R/Outpetlant 3 D SURY Vear) NJURY At home, f. (Specify) OF DEATH (ITEM 27) in Square	OF DEATH OA 4 Nursin D. TIME OF INJURY M arm, street, factory courred at the time tigetion, in my opin	26. PLACE OF DI g Home 5 Re sc. INJURY AT WORK? 1 YES 2 r, office 29c. LICE N/A	NO EATH (Check seldence 6	PERFOR 1 YES 2 Ves 2 Ves	MED? {] NO IJURY OCI Ind Number There as stated due to it is to it.	AWAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO CURED TO Rural Route Number, ted. the cause(a) and manner as state. E SIGNED (Month, Day, Year)	ed.



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TIME OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the constitution of the standard pays in the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be house after death with the State Dept. of Health and Merital Hygiene prior to burlal, cremation, or removal.

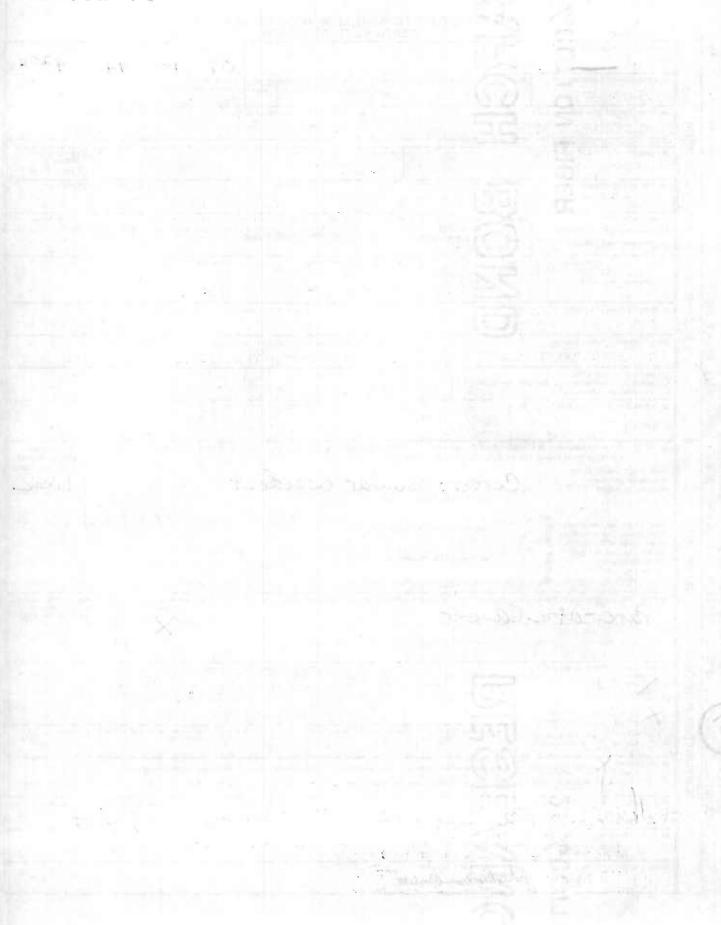
If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

## SOOM SCHOOL WARRENT STATE OF CHEEREN TO A AGE (in you for bending) ## SOOM SCHOOL WARRENT WARRENT STATE OF CHEEREN TO A AGE (in you for bending) ## SOOM SCHOOL WARRENT WARRENT STATE OF CHEEREN TO A AGE (in you for bending) ## SOOM SCHOOL WARRENT WARRENT STATE OF CHEEREN TO A AGE (in you for bending) ## SOOM SCHOOL WARRENT WARRENT STATE OF CHEEREN TO A AGE (in you for bending) ## SOOM SCHOOL WARRENT WARR	_	REGISTRAR		CI	ERTIF	ICATE	OF	DEA	ГН	R	EG. NO.			
215—40—7444 1. 4 2 2. 1			COHEN							MONTH	DAY		YEAR	3. TIME OF DEATH
215-40-7444 The 2 PT B				AOF //s /s										3:34 A
SINAL HOSPITAL SINAL HOSPITAL BALTIMORE SINAL BOSPITAL BALTIMORE SINAL BOSPITAL BALTIMORE BALTIMORE SINAL BOSPITAL BALTIMORE BALTIMORE SINAL BOSPITAL BALTIMORE BALTIMORE SINAL BOSPITAL SINAL BOSPITAL BALTIMORE SINAL BOSPITAL SINAL BOSPITAL SINAL BOSPITAL BALTIMORE SINAL PROCESSION OF WARREST OF WA	1									(Month, Den	y, Year)		Countr	γ)
SINI POOPTIAL BALTIMORE 104. MINESTER OF ONCOMENT 105. MINESTER OF ONCOMENT 105. MINESTER OF ONCOMENT 106. CITY, TOWN OR LOCATION 107. MINESTER OF MINESTER OF ONCOMENT 108. CITY, TOWN OR LOCATION 109. CITY, TOWN				85)	9b CITY	TOWN 4	OR LOCATI	ON OF DE		/190			
STREET AND NUMBERS 3607 LABYRINTH RD., APT. 2—E 11. MARING STATUS 11. MARING STATUS 12. WED DECEMBER EVER IN U.S. ARMED 13. WED DECEMBER EVER IN U.S. ARMED 14. MARING STATUS 15. SECREDARY IS SUCCEDENT EVER IN U.S. ARMED 15. SECREDARY IS SUCCEDENT STATUS 16. SECREDARY IS SUCCEDENT STATUS 17. SECREDARY IS SUCCEDENT STATUS 18. SECREDARY IS SUCCEDENT STATUS 18. SECREDARY IS SUCCEDENT STATUS 19. SECREDARY IS SUCCEDARY IN S	r					90. CIT	100 B - 100 C					III OF D	EAIR	
STREET AND NUMBERS 3607 LABYRINTH RD., APT. 2—E 11. MARINAL STRUE 12. WAS DECEMBER FOR IN U.S. ANMED 15. NEW THERMAL 2 Married 15. WAS DECEMBER FOR IN U.S. ANMED 16. New Thermal 2 Married 17. WAS DECEMBER FOR IN U.S. ANMED 17. SECRETARY OF WAS DECEMBER FOR IN U.S. ANMED 18. SECRETARY OF WAS DECEMBER FOR IN U.S. ANMED 18. SECRETARY OF WAS DECEMBER FOR IN U.S. ANMED 18. SECRETARY OF WAS DECEMBER FOR IN U.S. ANMED 18. SECRETARY OF WAS DECEMBER FOR IN U.S. ANMED 19. SECRETARY OF WAS DECEMBER FOR IN U.S. AND U.S. A	3						BALTIMORE							
STREET AND NUMBERS 3607 LABYRINTH RD., APT. 2—E 11. MARINAL STRUE 12. WAS DECEMBER FOR IN U.S. ANMED 15. NEW THERMAL 2 Married 15. WAS DECEMBER FOR IN U.S. ANMED 16. New Thermal 2 Married 17. WAS DECEMBER FOR IN U.S. ANMED 17. SECRETARY OF WAS DECEMBER FOR IN U.S. ANMED 18. SECRETARY OF WAS DECEMBER FOR IN U.S. ANMED 18. SECRETARY OF WAS DECEMBER FOR IN U.S. ANMED 18. SECRETARY OF WAS DECEMBER FOR IN U.S. ANMED 18. SECRETARY OF WAS DECEMBER FOR IN U.S. ANMED 19. SECRETARY OF WAS DECEMBER FOR IN U.S. AND U.S. A	ž	10a. STATE 10b. COUNTY	Y		10c. CIT	, TOWN C	OR LOCAT	TION						
Security		MARYLAND			BAI	TIMC	RE							1 TES 2 NO
SOURCE SECRET EDUCATION 15. DECERRITE SUVATION 15. D	AL						101	. ZIP COD	Ε			10g. CITI	ZEN OF V	VHAT COUNTRY?
SOURCE SECRET EDUCATION 15. DECERRITE SUVATION 15. D	5	3607 LABYRINTH RI	D., APT. 2-	-E				212	15			USA		
SOURCE SECRET EDUCATION 15. DECERRITE SUVATION 15. D	5		12. WAS DECEDENT EX	ER IN U.S. AR	MED							or No—	14. RACE Biaci	- American Indian,
S. DECEDENT'S EDUCATION (Septice) only Propriet good complained. (Septice) only Propriet good. (Sept			IF YES, GIVE WAR	OR DATES X							1, 1916-7			
Sequentially list conditions (Part I willing in death) Due To (on as a consequence or):			CATION	des De	OFDENTIO	1	00110471	<u> </u>						TE
The Informative Name (populations of the Cause (Principles) 100 De TO (OR AS A CONSEQUENCE OF): 100 De TO (OR AS A CONSEQUENCE OF): 101 De TO (OR AS A CONSEQUENCE OF): 102 De TO (OR AS A CONSEQUENCE OF): 103 De TO (OR AS A CONSEQUENCE OF): 104 De TO (OR AS A CONSEQUENCE OF): 105 De TO (OR AS A CONSEQUENCE OF): 106 De TO (OR AS A CONSEQUENCE OF): 107 De TO (OR AS A CONSEQUENCE OF): 108 De TO (OR AS A CONSEQUENCE OF): 109 De TO (OR AS A CONSEQUENCE OF): 100 To (OR AS A CONSEQUENCE O	ا :	(Specify only highest grade	completed)	(G	ive kind of v	vork done i	during mo	ost of working	ng	16b, KIN	D OF BUS	INESS/IND	USTRY	
The NARCHART SAME (Apperture) 100 SECH BRAVE 101 SEA ROSA SCHWARTZ 102 SEA ROSA SCHWARTZ 103 SCHWARTZ 103 SCHWARTZ 103 SCHWARTZ 104 SEA ROSA SCHWARTZ 105 SCHWARTZ	2		College (1-4 or 5+)							ΔΨ	HOME			
Sequentially list conditions (Part I willing in death) Due To (on as a consequence or):	5							16 MOT	HER'S NA					
196. INFORMANT'S NAME (PiperPire) 196. MALTHALTE ROBINSON 197. NATHALTE ROBINSON 198. MALTHALTE ROBINSON 198. MALTHALTE ROBINSON 200. PLACE AND DATE OF DISPOSITION (Nem cell plant is 1 □ certified in the cell of the	- 11									r rat, MICON			7.	
MRS. NATHALIE ROBINSON Dut 12 Committed 13 Removel from State 200. PLACE AND DATE OF DEPORTRON (Normal Committed Principles of Princi			-	.10	b. MAILING	ADDRESS	S (Street			Insta Number C				
200, METHOD OF DISPOSITION Removal from State 200, PLACE AND DATE OF DISPOSITION (Name of 200, LOCATION — City or Town, State 200, PLACE AND DATE OF DISPOSITION (Name of 201, PLACE AND DATE OF 201, PLACE AND DATE OF DISPOSITION (Name of 201, PLACE AND DATE OF DATE 201, PLACE AND DATE OF PLACE AN	2		BINSON											
BUTH TILDH 21. SIGNATURE OF PUREFALL SERVICE DEPOSED 22. SIGNATURE OF PUREFALL SERVICE DEPOSED 23. SIGNATURE OF PUREFALL SERVICE DEPOSED 24. SIGNATURE OF PUREFALL SERVICE DEPOSED 25. PARTY (Enter the disease, or configlications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inferval 8 of the conditions, and the conditions of the cause on each line. 25. PARTY (Enter the disease, or configlications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inferval 8 of the condition resulting in death) 26. DUE TO (OR AS A CONSEQUENCE OF): 27. Sequentially list conditions, and the conditions contributing to death Aut not resulting in the dynamic of the conditions contributing to death Aut not resulting in the dynamic of the condition of the conditions contributing to death Aut not resulting in the dynamic of the conditions of the conditions contributing to death Aut not resulting in the dynamic of the conditions of the conditions contributing to death Aut not resulting in the dynamic of the conditions of the conditions of the conditions contributing to death Aut not resulting in the dynamic of the conditions of t		_20a. METHOD OF DISPOSITION) · · · · ·					
22. NAME AND ADDRESS OF PACILITY SOL LEVINSON&BROS, INC. GOID RETISTERS FOR diseases, of consistent of the desired in the desired in the mode of dying, such as cardiac or respiratory arrest, and the desired of dying, such as cardiac or respiratory arrest, and the desired of dying, such as cardiac or respiratory arrest, and the desired of dying, such as cardiac or respiratory arrest, and the desired of dying, such as cardiac or respiratory arrest, and disease or conditions. DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, and the desired of dying, such as cardiac or respiratory arrest, and disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	X □ Buriel 2 □ Cremetion 3 □ Rem	oval from State						L/199						
23. PARY I/Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, showly or heart failure, List only one cause on each line. IMMEDIATE CAUSE (Finel disease or conditions, resulting in death) DUE TO (OR AS A CONSCOUENCE OF): Sequentially list conditions, If any, leading to immediate cause, enter IMDERLYING CAUSE (Disease or Injury the Intileted events resulting in death) LAST DUE TO (OR AS A CONSCOUENCE OF): C. DUE TO (OR AS A CONSCOUENCE OF): d. DUE TO (OR AS A CONSCOUENCE OF): C. DUE TO (OR AS A CONSCOUENCE OF):			CENSEE /				NAME A						/	
Approximate constituents that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inchest and shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQ	Ì	· () ///~	71				SOL	LEVI	NSON	BROS,	INC			
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (O		GOY MOU	Jelles.			60	010	REIS	TERS	TOWN R	D. B	ALTI	1ORE	
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause, Enter UNDERTING cause or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSE		shock, or heart failure.	List only one cause	on each line	eath. Do r	o1 enter	the mo	de of dy	ing, such	as cardiac	or reapir	ratory arr	eat,	Approximate interval Batween
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injust) CAUSE (Disease or injust) DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE				A	1			11						Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury to the initiated events resulting in death) LAST DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (The 2 DEA			a. Cun	4 work	usu	4-	L	wll	up	2				
PART II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing in the dinderlying cause given in Part I. Part II. Other algnificant conditions cause given in Part II. Part II. Other algnificant conditions cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause giv	1	DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing in the dinderlying cause given in Part I. Part II. Other algnificant conditions cause given in Part II. Part II. Other algnificant conditions cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause giv	5													
PART II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing in the dinderlying cause given in Part I. Part II. Other algnificant conditions cause given in Part II. Part II. Other algnificant conditions cause given in Part II. Part II. Other algnificant conditions cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnifican		If any, leading to immediate												
PART II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing in the dinderlying cause given in Part I. Part II. Other algnificant conditions cause given in Part II. Part II. Other algnificant conditions cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause giv	2	CAUSE (Disease or injury	c. DUE TO (OR	AS A CONSE	OUENCE OF	T):								
PART II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing to deeth but not resulting in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing in the dinderlying cause given in Part I. Part II. Other algnificant conditions contributing in the dinderlying cause given in Part I. Part II. Other algnificant conditions cause given in Part II. Part II. Other algnificant conditions cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause given in Part II. Part II. Other algnificant cause giv	-					,								į
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 1 YES 2 NO 1 Y	3		d											
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	1	à		a/ 1	à		nderiyin	- ^		1			24b	WERE AUTOPSY FINDINGS
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO 1 Inpatiant 2 ERUOutpatient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 1 Misural 5 Pending Investigation 3 Suicide 6 Could not be detarmined detarmined att. (Specify) 28a. DATE OF INJURY At home, farm, street, factory, office 28a. DATE OF INJURY At home, farm, street, factory, office 28a. DATE OF INJURY At home, farm, street, factory, office 28a. DATE OF INJURY At home, farm, street, factory, office 28a. DATE OF INJURY At home, farm, street, factory, office 28a. DATE OF INJURY At home, farm, street, factory, office 28a. DATE OF INJURY At home, farm, street, factory, office 28a. DATE OF INJURY At home, farm, street, factory, office 28a. DATE OF INJURY At home, farm, street, factory, office 28a. DATE OF INJURY At home, farm, street, factory, office 28a. DATE OF INJURY AT WORK? 1 YES 2 NO 28a. PLACE OF INJURY AT WORK? 1 YES 2 NO 28a. PLACE OF INJURY AT WORK? 1 YES 2 NO 28a. PLACE OF INJURY AT WORK? 1 YES 2 NO 28a. DATE OF INJURY AT HOME OF Rural Route Number. 28a. DATE OF INJURY At home, farm, street, factory, office 28a. DATE OF INJURY OCCURED 28a. DATE OF INJURY AT WORK? 1 YES 2 NO 28a. DESCRIBE HOW INJURY OCCURED 28a. DATE OF INJURY OCCURED 28a. DATE OF INJURY AT WORK? 1 YES 2 NO 28a. DATE OF INJURY OCCURED 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28b. DATE OF INJURY OCCURED 28b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mgrith, Dey, Year) 31. DATE FILED (Month, Dey, Year) 31. DATE FILED (Month, Dey, Year) 32b. SIGNATURE 31. DATE OF INJURY OCCURED 31. DATE OF INJURY OCCURED 32b. SIGNATURE OT DATE OF INJURY OCCURED 31. DATE OF INJURY OCCURED 32b. SIGNATURE OT DATE OF INJURY OCCURED 31. DATE OF INJURY OCCURED 32	3	(.H&2	Ideopo	(Lie	Me	Med	ula	Sul	1-00	2912				COMPLETION DF CAUSE
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OCATH 1 Inputant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28a. DATE OF INJURY (Month, Day, Year) 28a. DATE OF INJURY At Normal 2 Rec. INJURY AT NORK? 1 YES 2 NO 28a. DATE OF INJURY — At home, farm, street, factory, office 28a. PLACE OF INJURY — At home, farm, street, factory, office 28a. PLACE OF INJURY — At home, farm, street, factory, office 28b. PLACE OF INJURY — At home, farm, street, factory, office 28c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 28d. DESCRIBE HOW INJURY OCCURED 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OT	j l				7		Sel	Der	susa					1 YES 2 10
27. MANNER OF CEATH 1		DID TOBACCO USE C	CONTRIBUTE T	O CAUS	E OF	DEAT	H Y	ES 🗀						
27. MANNER OS DEATH 28. DATE OF INJURY (Month, Day, Year) 29. DATE OF INJURY (Month, Day, Year	5		HOSPITAL ·	/		OTL		LACE OF D	EATH (Che	ck only one)				
1	2	1 TES 2 TO	1 Inpatient 2 EF		□ DOA			10 5 R	esidenca	6 Other (Sp	ecity)			
2 Accident of the setting and number of Rural Route Number, and and an and an analysis of the set of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attend. 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. QATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE										28d. DESCRIE	BE HOW IN	JURY OCC	CURED	
3 Suicide 4 Homicide 5 Could not be datarmined 288. PLACE OF INJURY — At home, farm, street, factory, office 299. CERTIFIER (Check only one) 299. CERTIFIER (Check only one) 299. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 299. SIGNATURE AND TITLE OF CERTIFIER 299. SIGNATURE AND TITLE OF CERTIFIER 290. SIGNATURE AND TITLE OF CERTIFIER 290. DATE SIGNED (Mgnth, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. QATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	- 1	The sale of the				М	1 🗆	YES 2	□ NO					
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Mgnth, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	- 11	_ O OORIGI HOLDE	26a. PLACE OF IN building, atc.	JURY — At he (Specify)	me, farm, :	street, fact	tory, offic	in .	T	281. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural F	Route Number,
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Mgnth, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		□ nomicide datarmined									Ĺ			
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Mgnth, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		(Check only	ICIAN: To the best of my	knowledge, da	ath occurre	d at the t	lme, data	and place	, and due	to the cause(a) and man	ner aa atat	ed,	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Mgnth, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	5													a) and manner ea stated.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. QATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		296. SIGNATURE AND TITLE OF CERTIFIE	R/)					29c. LIC	ENSE NUM	BER	Т	29d. DAT	E SIGNED	(Mgnth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. QATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		1/1	Lach	6				t	121	615	Į	> =	7(1)	1910
31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	:	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITE	М 27) (Туре,	Print)			1 26	0,70	1			7
31 DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE														
		31_DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE										
30L 1 4 1994 July Miles		JUL 1 4 1994 A	chi 1ª	6										
JUL 1 4 1994 file Sinder Mandale DHMH-16			100/00	rande										DHMH-16 Rev 1

	1. DECEDENT'S NAME (First, Middle, Lest MAX (NAM) DECE 4. SOCIAL SECURITY NUMBER	KELBAUM	GE (In yrs. last birthday)	IF UNDER 1 YEA	R F UNDER 24 HRS.	2. DATE OF DEATH MONTH O7	0 9	3. TIME OF DEATH Q 20 A BIRTHPLACE (State or Foreign				
	215-07-2986	1 🕅 M 2 🗆 F	76 YRS.	MONTHS DAY		(Month, Day, Year)	15 11 11	Country) MARYLANI				
стоя	90. FACILITY NAME (If not institution, give STELLA MARIS HOS			96. CITY, TOW TOWS	N OR LOCATION OF DI	1 5/31/19 EATH	9c. COUNTY	OF DEATH				
DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN MARYLAND	тү		TY, TOWN OR LO				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	10a. STREET AND NUMBER 7111 PARK HEIGH	ITS AVE., AP	PT. 703		101. ZIP CODE 21215		10g. CITIZEN OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ER IN U.S. ARMED VES 2 NO DR DATES	If yes,	DECENDENT OF HISPAI , specify Cuban, Mexica YES 2X NO Specif	an, Puerlo Rican, atc.)	Yea or No— 14.	RACE — American Indian, Black, White, etc. Specify:				
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	life. Do NOT u	work done during	most of working	166. KIND OF E	USINESS/INDUS					
ш	17. FATHER'S NAME (First, Middle, Last) SAMUEL	DECKELBAUM		16. MOTHER'S NAME (First, Middle, Makdon Surname) ROSE WEISBLATT								
TO B	198. INFORMANT'S NAME (Type/Print) MRS. SELMA DECKE	LBAUM			et and Number or Rural			ro., MD 2121				
	20a. METHOD OF DISPOSITION X Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Compation of Chiral Chiral Compation of Chiral											
	21. SIGNATURE OF FUNERAL SERVICE			SOL SOL	LEVINSON REISTERT	& BROS.,						
RTIFICATION	23. PART I. Enfer the diseases, of complications that caused the deeth. Do not enter tha mode of dying, such as cardiec or reapiratory arrest, abook, of heart fellure. List only one gause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL CER	PART II. Other algorificent condition	ona contributing to deal	th but not reaulting	in the underly	ying ceuse given in	Part I. 24a. WAS. PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO				
D BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide a Could not by	28a. PLACE OF INJ	JRY 29b. Till IN JURY — At home, term,	OTHER: 4 Nursing I	i. PLACE OF DEATH (Ch Home 5 Residenca INJURY AT WORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HON 28t. LOCATION (Street	et and Number or	ED				
COMPLETE	4 Homicide detarmined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of my k	rnowledge, death occur			City or Town, Sta	nanner aa stated.	ause(a) and manner as state				
8	PROSIGNATURE AND TITLE OF CERTIFIER **Condable** Faulluum** D7643 P1/4/6											
TO BE COMP	Xordall (Z		- 00	e, Print)	1 230	043	1 - /u	1994				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEF	RTIFICA	ATE OF	DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			DAS			2. DATE OF MONTH	DEATH U 1 DAY 99	4 YEAR	3. TIME OF DEATH
	710-01 2711 14 M 2 F 70 YRS.					IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 11-24	-14	8. BIRTHI Country	PLACE (State or Foreign md .
OR	90. FACILITY NAME (If not institution, give so Saint Joseph Hosp	reet and number)	, , , , , , , , , , , , , , , , , , , ,	9b.	CITY, TOWN	OR LOCATION OF D	EATH		Baltin	
DIRECTOR	100. STATE 10b. COUNTY		1	loc. CITY, TO	WN OR LOCA	TION		10d. INSIDE CITY LIMITS?		
	MD		Balti					1 YES 2 NO		
FUNERAL		OODRING AVE.			10	1. ZIP CODE 21234		10g. C	HAT COUNTRY?	
BY	11. MARITAL STATESO 1 2 1218 AV 1 Never Merried 2 Merried 3 Widowed 4 Divorced	EVER IN U.S. ARME YES & NO R OR DATES	D	II yes, s	CENDENT OF HISPA Decify Cuben, Mexico S 教授 NO Speci	en, Puerto Rica	RIGIN? (Specify Yee or No- 14. RACE - American In			
COMPLETED	15. DECEDENT'S EDU((Specify only highest grade Elementary/Secondary (0-12)	160. DECEI (Give #16. Do Fire	kind of work of NOT use reti	AL OCCUPATI lone during m red.)	ON ost of working		nd of Business/II		Dept.	
	17. FATHER'S NAME (Pirst, Middle, Last) Joseph	Das				18. MOTHER'S NA Mary		tle, Maiden Surneme;		1
BE	19#LINEGRMANT'S NAME (Type/Print)		19b. N	AILING ADD	RESS (Street	end Number or Rural	Route Number	City or Town State	Zin Codel	
유	Heren Das					Avenue				21234
	20a. METHOD OF DISPOSITION 1' Buriel 2 Cremetion 3 Remet 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND	DATE OF DIS	SPOSITION (N	ame of	DATE	20c. LOCATION -	- City or Tov	vn, State
	21. SIGNATURE OF FUNERAL BETWICE LICENSEE Moreland Memerial Cometery 17/14/94 Balto. MD 22. NAME AND ADDRESS OF FACILITY The Pippel Funeral Home Ralto. MD 21206									
	ehock, or heart feliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition ADULT RESPIRATORY DISTRESS SYNDROME									Approximeta interval Between Onset and Death 6 DAYS
7	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF): PNEUMONIA								2 WEEK
ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	ACUTE RE	R AS A CONSEQUE	NCE OF):						1 WEEK
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST									Y Y lood bloom
	PART II. Other eignificant condition	s contributing to de	eeth but not resu	ulting in th	e underlyir	a ceuse alven in	Part I 24	a. WAS AN AUTOPS	v 245	WERE AUTOPSY FINDINGS
EDICAL	CONGESTIVE HEAF			and the tra	— —	y couse given in		PERFORMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: M	DID TOBACCO USE (CONTRIBUTE	TO CAUSE	OF DI						1 TYES 2. NO
S	EXAMINER?	HOSPITAL:			HER:	LACE OF OEATH (CI				
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 E 26e. DATE OF IN (Month, Day,	IJURY 2	8b. TIME OF INJURY	28c. IN	JURY AT DRK? YES 2 NO		pecify) IBE HOW INJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF I building, atd	INJURY — At home, c. (Specify)	, ferm, street				ON (Street and Numb own, State)	per or Rural Re	oute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE	CIAN: To the best of m								and menner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER		`			29c, LICENSE NU		29d. D/		(Month, Day, Yeer)
1	30, NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE	OF DEATH (ITEM 2	7) (Type, Print	RD.	BALTIMOR	E, MD.	1		. /
	31. DATE FILED (Month, Day, Year) JUL 1. 4 1994	32. REGISTRAR	S SIGNATURE	R.						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with not start death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EKIIF	ICALE	OF DE	AIH	REG. NO.								
	t. DECEDENT'S NAME (First, Middle, Last) RAYMOND	GEORGE			ECK			2. DATE OF DEATH MONTH DA		EAR	E OF DEATH					
1 1									10 199		2:15P. M					
	4. SOCIAL SECURITY NUMBER 218-09-7291	5. SEX 1 (20) 2 (1) F	6. AGE (In yrs. Is 75	YRS.	MONTHS (YEAR IF I	INDER 24 HRS.	7. DATE OF BIRTH (Month 9 19 19	s. M	BIRTHPLACE Country arylar	(State or Foreign					
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, T	OWN OR LO	CATION OF DE	ATH	9c, COUNTY							
œ	1858 Yakona Avenu			ynest				ltimor								
DIRECTOR	RESIDENCE OF DECEDENT		Do	iynes	ттте		Dd.	TUTION	e							
E C	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR	LOCATION				10d. II	NSIDE CITY					
뜻	Maryland Bal	D-	Paymoguillo					L	IMITS?							
	10e. STREET AND NUMBER	Baynesville					1 ☐ YES 2 🛣 NO									
FUNERAL	1858 Yakona Avenu	10				107. 219	21234	1	10g. CITIZEN	OF WHAT C	DUNTRY7					
孠		ie					21234	±	US.	A						
	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13. W/	S DECENDE	NT OF HISPAN	tC ORIGIN? (Specify Yes	or No- 14.	RACE — Am Black, White	erican Indien,					
IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: S S									Specify:							
								Whi	te							
ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. D	ECEDENT'S	USUAL OCC	UPATION	vorkina	16b. KIND OF BUS	INESS/INDUS	TRY						
	Elementary/Secondary (0-12)	College (1-4 or 5+) [vork done du se retired.)						1					
틸	llth Grade		S	teel	Worke	er		Steel	Ind.							
COMPL	17. FATHER'S NAME (First, Middle, Last)					16.	MOTHER'S NAI	ME (First, Middle, Malden	Surname)							
	Lawrence W. Eck					F	Kather:	ine M. Slov	vik		- 1					
8	19a. INFORMANT'S NAME (Type/Print)		11	Pb. MAILING	ADDRESS (Street and Ni	umber or Rurai F	loute Number, City or Town	State Zin Co	ofe)						
유	Marie C. Eck							Baltimore,		1234	- 1					
	20a. METHOD OF DISPOSITION		000 51 405			*****										
	t D Buriel 2 Cremetion 3 Reme	oval from State	cemetery cr	ematory or o	of DISPOSITI			1	CATION — City							
	4 Donetion 5 Other (Specify)		IDular	ey Va				7/13/94 Co	ockeys	<u>ville,</u>	MD					
- 3	21. BIGHAT THE OF PUNERAL BEHAVE CH	DISEE					FILE OF	al Home								
5	1/////	-							No	MID	21286					
	23 PART I. Enter the diseases, or o	complications that	ceused the d	eeth Do r	ot enter th	L LOC	dvina auci	en Blvd.	Cowson	עוויז ,	Approximete					
1	ahock, or haert failure.	List only one cau	e on each lin	e.	101 011101 11	io illode c	t dynig, addi	res ceruiec or respi	otory arrest		ntarval Between					
	IMMEDIATE CAUSE (Fine) disease or condition								Onaet and Daath							
	resulting in death)										Gmon					
	DUE TO (OR AS A CONSEQUENCE OF):									10						
Z	Sequentially list conditions, a toucythoung Veva 10 gas								10 your							
CERTIFICATION	if any, lesding to immediata	DUE TO	OR AS A CONSE	OUENCE OF	F):					-	,					
호	ceuse. Enter UNDERLYING CAUSE (Diseese or injury	C								-						
쁜	that initiated events	DUE TO	OR AS A CONSE	OUENCE OF	F):					!						
E	resulting in death) LAST	d,								ļ						
	PART ii. Other significant condition		da abbaba a sa	Section 12												
EDICAL	VAIT II. Other agrillosite condition	e contributing to	deeth but not	recuiting	in the una	eriying cal	ise given in	Part I. 24s. WAS AN PERFOR		AVAILA	AUTOPSY FINDINGS BLE PRIOR TO					
ă								1 YES 2	NO	OF DE	ETION OF CAUSE					
Æ								_	1	1 🗆 Y	ES 2 NO					
	DID TOBACCO USE (CONTRIBUTE	TO CAU	SE OF	DEATH	YES	☐ NO	DXL								
Y	25. WAS CASE REFERRED TO MEDICAL					26. PLACE	OF DEATH (Che	ck only one)								
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	d Home 5	K Basidanca	6 Other (Specify)								
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF		28b. TIM		8c. INJURY		28d. DESCRIBE HOW II	LIURY OCCUR	ED						
	t Natural 5 Pending	(Month, Da		INJ	URY	WORK?		Loc. Degende non n		LD	1					
B	2 Accident Investigation	20 DI ACE OF	IN HIPV AA N				2 110									
ا م ا	3 Suicide 8 Could not be	building,	FINJURY — At h etc. (Specify)	ome, tarm, a	streat, factor	y, office		281. LOCATION (Street a City or Town, State)	nd Number or I	Runal Route Nu	Imber,					
☐ 4 Homicide determined																
ETE	_ Codid flot be								29e. CERTIFIER (Check only (Ch							
PLETE	4 Homicide determined	CIAN: To the beat of	my knowledge, d	leath occurr	ed at the time	e, date and	pleca, and due	to the cause(s) and man	ner se atsted,							
MPLETE	4 Homicide determined 29e. CERTIFIER (Check only										nanner as stated.					
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	R: On the basis of ax				nion, death	occured at the	time, data and place, an	d due to the co	ause(s) and m						
BE COMPLETE	4 Homicide determined 29e. CERTIFIER (Check only	R: On the basis of ax				nion, death		time, data and place, an	d due to the co							
BE COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TILE OF CHITFIEF	R: On the basis of ax	emination and/or	Investigation	n, in my opi	nion, death	occured at the	time, data and place, an	d due to the co	ause(s) and m						
E COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	R: On the basis of ax	emination and/or	Investigation	n, in my opi	nion, death	occured at the	time, data and place, an	d due to the co	ause(s) and m						
BE COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TILE OF CHITFIEF	O COMPLETED CAUS	E/OF DEATH (IT)	EM 27) (Type	n, in my opi	nion, death	occured at the	time, data and place, an	d due to the co	ause(s) and m						
BE COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TILE OF CHITFIEF	O COMPLETED CAUS	emination and/or	EM 27) (Type	n, in my opi	nion, death	occured at the	time, data and place, an	d due to the co	ause(s) and m						

VOID
CERTIFICATE #

94-20514

SEE

CERTIFICATE #

94-21488

HIEVE TH

8841C-4P

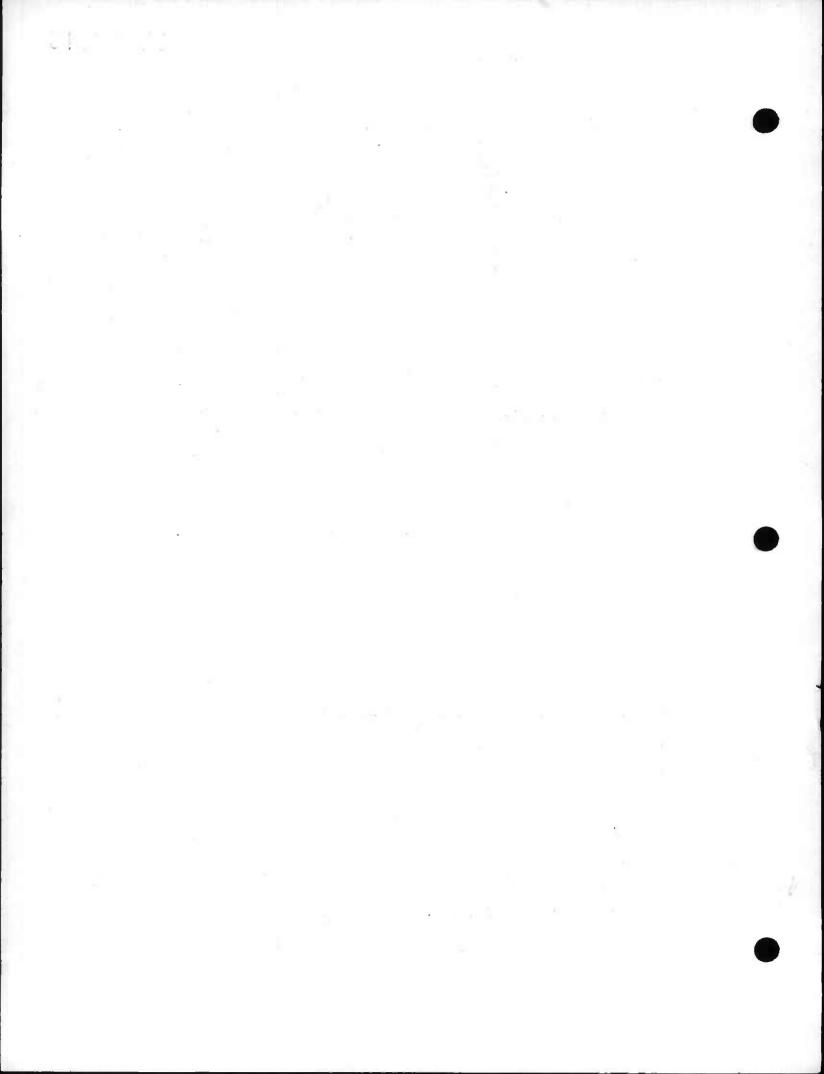
ш	0.600
_	Special phone
	19
0	
9	Ť
~	-
õ	3
_	3
~	9
Ų	-
\mathbf{m}	3
	ÿ
0	3
n"	
_	3
ທົ	,
RECORDS, P.O. BOX 68760,	2
~	
$\overline{}$	Ą
\sim	9
Ų	1
ш	ŝ
	- 3
_	The farm considers that the death confidence he accounted with
₫	9
-	F
_	ż
	S
_	2
0	3
-	0
5	CIT
	č
7	20
	E
>	8
DIVISION OF VITAL	I NO ATTENDIAL DUVELLIAM: Th
_	1

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest) Francis	s.	Jackson			2. DATE OF DEATH MONTH DULY I	Ĩ. 19	3. TIME OF DEATH		
	216-01-7855	™ 2 □ F	yrs. lest birthday) IF U	NOER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month Day Year)	00	BIRTHPLACE (State or Foreign Country) PENNA		
CTOR		cand number)			R LOCATION OF DE	DEATH 9c. COUNTY OF DEATH				
DIREC	10a, STATE 10b, COUNTY		10c. CITY, TOO BAL	WN OR LOCAT	ON			10d. INSIDE CITY X LIMITS? XIX YES 2 \(\text{NO}\) NO		
FUNERAL	10e. STREET AND NUMBER 1419 MCCULLOH	ST.		101.	ZIP CODE 21217		10g. CITIZEN OF WHAT COUNTRY? U S A .			
BY FUN	11. MARITAL STATUS 1 Hever Married 2 Married 3 Widowed 4 Divorced	U.S. ARMED 2X NO res	If yes, sp		IIC ORIGIH? (Specify Yen, Puarto Rican, atc.)	i or No — 14	I. RACE — American Indian, Black, Whita, atc. Specify: BLACK			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) life. Do NOT use re				done during most of working led.)			STRY		
_ "	12TH 17. FATHER'S NAME (First, Middle, Last) ERNEST A. JAC	2yrs KSON	INSURAN	CE AG		ME (First, Middle, Maiden	Surname)	FE INS. CO.		
IO BE	19a. INFORMANT'S HAME (Type/Print) FRANCIS L. JOH	INSON	19b. MAILING ADD	RESS (Street at CHERR	Number or Rurel	RD APT 2	n, State, Zip Co	ELTSVILLE, MD		
	20a, METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Company Cremation of Company Crematical Company Cremation of Company Cremation of Company Crematical Company Cremation of Company Crematical Company Cremat									
	21. SIGNATURE OF FUNERAL SERVICE LICEN	B- 60	oth		RCH F/I		1300 V	WABASH AVE		
FRIIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, about, or heer failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Cardio Pulmonary Arrest due to Ischemic Onset and Destroy to (OR AS A CONSEQUENCE OF): Embolism Due to (OR AS A CONSEQUENCE OF):									
MEDICAL CE	PART II. Other eignificent conditions of				erlying ceuse given in Part i. 24a. WAS AN AL PERFORMI			24b. WERE AUTOPSY FIHDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO		
PHYSICIAN: MEDIC	DID TOBACCO USE CO			26. PL	ES NC					
TYCE		28a. DATE OF INJURY		Nursing Home		8 Other (Specify) 28d. DESCRIBE HOW	N HIRV OCCUR	DEN.		
BY P	1 Hatural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IHJURY	WO		200. DESCRIBE NOW	NJOHT OCCOP	ieo		
3	3 Suicide 6 Could not be determined	28e. PLACE OF IHJURY - building, atc. (Speq/)	— At home, ferm, street, y)	street, fectory, office 281. LOCATIOH (City or Town,			Street and Number or Rural Route Number, State)			
FOMPLE		N: To the best of my knowle On the basis of examination						cause(s) and menner as stated.		
0	29b. SIGNATURE OF CERTIFIER	Byre	mD		89203			-11-94		
	Justin Byrn	e, M.D. c	o Maryla		eneral	Hospital				
	31. DATE FILED (Month, Day, Year) JUL 1 4 1994 Luk	32. REGISTRAR'S SIGHA								



_	ę
9	
68760	
-	
00	1
io.	
_	
\times	
BOX	
m	4
ш	
	4
\cap	1
٧.	
0	
9	1
P.O.	
ഗ	
0	
	3
COR	
=	4
U	
()	
\sim	٠
ш	
æ	
_	
-	1
A	ı
	- 6
F >	
>	-
	ě
LL.	3
	3
$\overline{}$	3
-	the same of the sa
4	9
0	3
_	0
-	3
00	ì
	ķ
VISION OF	7

2

311 MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Savids

AMERICANA

32. REGISTRAR'S SIGNATURE

7850

	co		
	2	i	
	Sign		
	Pag		
	J.		
	Dec.		
	Sit		
an.	Tan-		
ySic	na		
P	2		
fing	the second		
ten	38		
TE 3	USB		
lal c	õ		
Spit	hed		
본	etac		200
5	e d		
a P	P		-
aine	70		18
retz	5 5		200
8	306		9
Шау	f. D		10
9	900		Ē
300	din		-
A.	eral		5
deal	\$		NA.
ter	the	OVA	10
Sal	B	rem	dila
200	i pe	6	E
ì	1	IOI.	9
4	stely	leath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	marked or liam 23 shows any injury or other traumatic agent the medical examiner must be notified as once
W	Tple	Cre	Men
ped.	00	nal.	
xec	and	2	129
De e	an	or to	2110
ate	ysic	pho	7
Diffic	Ph I	ene	hai
Cer	ding	B	0
ath	tten	E	0
e de	le a	Men	2
Ē	th Ac	P	E
th th	pa	th a	VIIIE
ires	Sign	leal	9
regu	Les	0	ho
AM.	S	pp.	23
he	ha	ă	E
F	cate	Stati	9
CIA	BUTTE	the	6
2	SC	£	Pu
4	F	*	ark
DING PHYSICIAN: The law requires that the death certificate be executed within nours after death, Page 6 may be retained by the hospital or attending physician.	Afte	deat	E
EN	38.	ter (
A	Ë	s at	28
8	8	hours	(tem
M	=		1 91
ė,	Ç.	27 nir	MANTE IS
5	ŀ	With	TAL
w	生	B	MEDITAL
þ	10	e e	97

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BYRON FIELDEN 7 am M 02 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Mont), Day, 8 DAYS 1 X M 2 | F 021-07-1987 Massachusetts 9e. FACILITY NAME (If not institution, give atreet and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center **Baltimore** Anne Arundel 10c CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 5 2 X NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 21225 7th AVENUE WEST USA 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 ☐ YES 2 ☐ NO Specify: 1 Never Married 2 Married BY Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondary (0-12) College (1-4 or 5+) Writer Self Employed 12th Grade 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Arthur Fielden Faye Wilkenson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Janet Ashbrook 6 West 7th Avenue Baltimore, Maryland 21225 20a. METHOD OF OISPOSITION
1 | Burial 2 | Cremation 3 | 1
4 | Donatton 5 | Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Removel from State Metro Crematory, Inc. 7/11 Baltimore, Maryland 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY George J. Gonce Funeral Home P.A. 23. PART . Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reaplratory streat, shock, or heart fellure. List only one cause on each line. 4001 Ritchie Hwy. Baltimore, Md. 21225 Approximata Intarval Between IMMEDIATE CAUSE (Final Onset and Daeth DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) 3 days METASTASE HEPATIC CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): If any, leading to immadiate cause. Enter UNDERLYING OF THE GI TRACT CARCINOMA CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERSORMED? de high votters YES 2 NO 1 TES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMPLE? 1 YES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Realdence 1 Inpatient 2 ER/Outpatient 3 DOA 8 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural INJURY 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Pai I HTERA 7-8-94

CIRCLE, GLEN

MAD

BURMIE

offer de

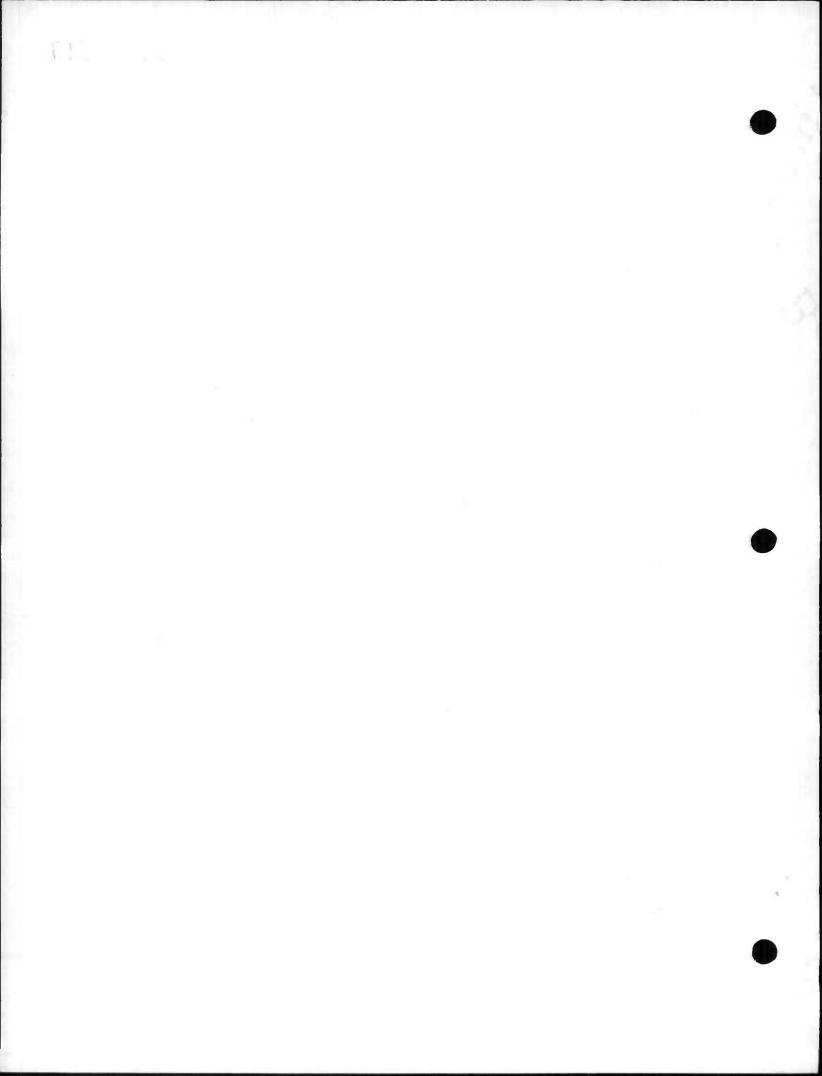
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

S.	0	2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dit be find within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
after	y the	20
SITI	in b	Dec
Ĕ	filled	9
	natic	#
with	mpie	Wen
uted	d col	ic e
exe	of of	mat
2	Sicial	trau
ficat	of of	100
cert	ding	=
eath	affen rtal h	0 %
e d	Me	in in
12	a b	y
#S	afth	\$ 30
duir	of He	30W
W Le	D De	38
16	has	n 2
2	State	i e
CA	the	0
HAS	his	pay
9	ter t	mar
ğ	R. Af	- 50
ATE	CO	28
S.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be fled within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or remanal.	tem
TAL	¥ 2	=
OSPI	ITHIN	N.
出出	出る)H
10	日子	MPC
=	F 2	400

											94	2	20517	
	FOR 1 STATE	STATE OF P	MARYLAND /						MENTA	L HYGIEN	Ε			
	REGISTRAR		CI	ERTIF	ICAT	E OF	DEAT	Н		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Marxy NT		FOX						MONT			YEAR	3. TIME OF DEATN	
	Mary N.	5. SEX	6. AGE (In yrs. les	ot hirthrims	IE HNDEI	R 1 YEAR	IF UNDER	ou lane		1y 11,	1994	A DIDT	6:50 P M	
1	219-30-4382	1 🗆 M 2 🔯 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)		Count	try)	
	9a. FACILITY NAME (If not institution, give s	treet and number)	82		9b. CITY, TOWN OR LOCATION OF DEATN						2/11 Maryland			
E	Franklin Con	aro Hor	nital				ille							
DIRECTOR	Franklin Squ		pricar					=			Ba1t	Imo	re	
뿐	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						tod. INSIDE CITY LIMITS?	
	Maryland Ba	altimor	<u>e</u>		E	ssex							1 TYES 2X NO	
FUNERAL						101.	ZIP CODE		_		10g. CITIZEN OF WHAT COUNTRY?			
2	408 Worton Ro		T FUED IN 110 A	MARIN				122		U.S.A.				
	1 Never Married 2 Merried	12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexicen, Puerto Ricen, atc.				N? (Specify Yea Ricen, atc.)	Black, White, etc.			
B	3 Widowed 4 Divorced						1 YES 2 NO Specify:				White			
COMPLETED	15. DECEDENT'S EDU (Specify only higheat grade	CATION completed)	16e. DE	CEDENT'S	USUAL O	CCUPATIO	N et of workin		168	. KIND OF BUS	SINESS/IND	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	lifto.	. Do NOT us	se retired.)	done during most of working tired.)								
MP	8			Hous	ewi	fe				Home				
	17. FATHER'S NAME (First, Middle, Last)									Middle, Meiden	Sumame)			
BE	Frank Wright 190. INFORMANT'S NAME (Type/Print)									ager				
2	Charlotte Scl	noeherl								ber, City or Town			. 21221	
	20e. METNOD OF DISPOSITION	TOCDCTT	20b. PLACE					Ita	DAT		CATION -			
	1 Burlel 2X Cremation 3 Rem 4 Donetion 5 Other (Specify)	oval from Stata	cemetery, cre		ther plece)		ine or	7	1				e City	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	I G.	Leen			D ADDRES			De De	1111	IIIOI	e city	
	1-5									uneral				
	1407 Old Eastern Ave. Balt.Md. 212													
0	shock, or heart fellure. List drily one cause on each line.													
	IMMEDIATE CAUSE (Final disease or condition	Chronic obstructive pulmonary disease									Onset and Death			
	resulting in death)		(OR AS A CONSE											
z		L Congest	ive hear	rt fa	ilur	e								
RTIFICATION	If any, leading to immediate	OUE TO	(OR AS A CONSE	QUENCE O	F):									
2	CHOSE (Disease of Hilling	. Osteoar	thritis	of t				ine	with	n disc	dege	nera	ation	
Ė	thet initiated events resulting in death) LAST	DUE 10	(OH AS A CONSE	OUENCE O	at	L57	S1							
GE		đ						_						
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS AMILABLE PRIOR TO AMILABLE PRIOR TO													
MEDICAL	Hiatal hernia								_	1 TYES 2			COMPLETION OF CAUSE OF DEATH?	
ME	Complications of	right su	b-capita	al fr	acti	ire c	of th	e hi	Lp_				1 TYES 2 14NO	
	anxiety disorder													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AL 28. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:												
YS	1 💢 YES 2 🗌 NO	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify)												
	27. MANNER OF DEATH 1 Natural 5 Pending		28e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF INJURY AT WORK?						26d. DESCRIBE NOW INJURY OCCURED					
8	2 Accident Investigation	M 1 YES 2 NO							ATION (Const.	end Number or Rural Route Number,				
8	3 Suicide 8 Could not be 4 Homicide determined							or Town, State)	ind Number	or Hurai	Houte Number,			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of	mu knowleden d	adh a	4 44 44	time.	wizaya (ili							
₩.	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the beele of e											e) end manner se stated	
	29b. SIGNATURE AND TITLE OF CERTIFIE					1		NSE NUM		, , , , , , , , ,				
8	X Xama 1:	Seedel	MD a	90			N/A		BEN				(Month, Day, Year) 11, 1994	
<u> </u> 0	30. NAME AND ADDRESS OF PERSON WH	2000			0.7.4		/ -						, 2571	

Dr. Laura Seidel 9000 Franklin Square Dr. Baltimore, Maryland 21237

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 645 AM A SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIRTH (Month, Day, Year (0/2/1 DAVE 1 XM 2 | F PENNSYLVANIA Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give OR LOCATION OF DEATH 9c. COUNTY OF DEATH Mezcu DIRECTOR DA Himore RÉSIDENCE OF 10c. CITY, TOWN OR LOCATION RANDALLSTOWN 10b. COUNTY 10d. INSIDE CITY BALTIMORE 1X YES 2 □ NO permit. FUNERAL 3903 CHAFFEY RD 10g. CITIZEN OF WHAT COUNTRY? USA 101, ZIP CODE 21133 use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cube 1 Never Married 2 Married Specify. BY 3 Widowed 4 Divorced WWII - ARMY N COMPLETED 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) should be detached for College (1-4 or 5+) OWNER BERMAN'S JEWELRY STORE once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) FREDA SCHERR **ABRAHAM** FRIBUSH Ħ BE notified 190. INFORMANT'S NAME (Type/Print)
MRS. MOLLIE FRIBUSH 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 3903 CHAFFEY RD. RANDALLSTOWN, MD 21133 after death. Page 6 may be pe 20a. METHOD OF DISPOSITION 20b. PLACE ANODATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata must 1 Suriat 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) funeral director, BNAT ISRAEL 7/13/94 BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. by the 1 BALTO., MD 21215 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heert failure. List only one cause on each line. Interval Between filled in 6 IMMEDIATE CAUSE (Final Onset and Death cremation, the disease or condition Mesotheliom A maths resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) and comp burial, c traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 9 If any, leading to immediate cause. Enter UNDERLYING the attending physician in Mental Hygiene prior to death certificate be CAUSE (Diseese or Injury other thet initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF) PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINOINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? certificate has been signed by it the State Dept. of Health and any 1 TYES 2 NO Shows 1 YES 2 NO PHYSICIAN: DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL:
1 Selection 1 DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 5 Pending Investigation 2 NO BY After 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be COMPLETED DIRECTOR: 28 4 Homicide 29a. CERTIFIER (Check only 1 📉 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL (HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the reatigation, in my opinion, death occured at the time, data and pieca, and due to the cause(a) and manner as stated. 296. SIGNATURE AND 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) to SPitz 32 AEGISTRAB'S SIGNATURE guha Davidson

TIERDEN EN

REG. NO.

FOR

REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

2. DATE OF OEATH 3. TIME OF OEATN URLEY LYDG Courtney 9.20A 7. DATE OF BIRTH (Month, Day, Year) 8-04-4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday IF UNDER 24 HRS. 6999 Sto 6 Maryland 1 M 2 F Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATH Randallstown Baltimore DIRECTOR Northwest Hospital Center RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Woodlawn Maryland 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101 ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 7600 Clavs Lane 21207 United States funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TYES 2 X NO Specify ВУ Specify: Caucasian 3XXWidowed 4 ☐ Olvorced 18e. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EQUICATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL Harper & Roe Book Publisher Company 3 years 17. FATNER'S NAME (First Middle Lest) 18. MOTHER'S NAME (First, Middle, Malden Surnama) Ħ Martin Courtney Gurley Fannie S. Bishop BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 657 South Wickham Rd. Baltimore, MD 21229 Doris Heath hours after death. Page 6 may be pe 20a. METHOD OF OISPOSITION
1 Buriel 2 Cremation 3 Ram 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Carroll Cremation, INC. 7/14/94 Hampstead, Maryland 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, INC. 8728 Liberty Rd Randallstown, MD 21133-4784 filled in by the the medical es, or complications that ceueed the deeth. Do not enter the mode of dying, such es cardiec or respiratory arrest, 23. PARTA. Enter the diseed Approximate shock, or heart failure. List only one cause on each line cremation, or Onset and Death IMMEDIATE CAUSE (Finel TBRILLATION ENTRICULAR disease or condition resulting in death) and completely fill burial, cremation event, LOCARDIAL INFARCTION. traumatic CERTIFICATION Sequentielly list conditions, **OUE TO (OR AS A CONSEQUENCE OF)** 2 If any, leading to immediate ceuse, Enter UNDERLYING attending physician the death certificate be Hygiene prior CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST 10 signed by the atter Health and Mental PART AL Other algnificant conditions contributing to death but not recylting in the underlying ceuee given in Pert I. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL UMONARY DEMA AVAILABLE PRIOR TO that shows any COMPLETION OF CAUSE 1 YES OF DEATH? YTESTITIAL NEUMONITIS 1 - YES 2 1 NO jo DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES has b Dept. PHYSICIAN: NO [23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) certificate h HOSPITAL OTHER: HOSPITAL OR ATTENDING PHYSICIAN: 1 TES 2 NO estient 2 ER/Outpetient 3 DOA 8 Other (Specify) 0 the 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED with 1 marked, 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death item 28 is man BY Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide COMPLET 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my riedge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL (Ξ 2 MEDICAL EXAMINER: On the investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. MANTE MATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) THE DE SIGN BE Va sucen 13 595 9 36 NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type MINEEM AKHANI 7220 1021208 32 REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with character death. Page 6 may be retained by the hospital or attending physician.

IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should us after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGI					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	H	3	. TIME OF DEATH		
	CALVIN	GA	INES			монтн 7	7 199	EAR 4	м		
				F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea		BIRTHPL Country)	.ACE (State or Foreign		
	Z13-1Z-3U10		4 YRS.			9-6-1909			YLVANIA		
œ	90. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF				OF DEA	тн		
DIRECTOR	502 ARCHER STREET BALTIMORE CITY RESIDENCE OF DECEDENT										
REC	10a. STATE 10b. COUNTY	10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION					
	MARYLAND			BALTIMORE CITY				1 X YES 2 NO			
3AL	10a. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN OF WHAT				
10e. STREET AND NUMBER 10e. STREET 10f. ZIP CODE 10g. CFI 11g. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1							SA.				
							14. RACE — American Indian, Black, White, etc.				
							Specify: BLACK				
ED.	15. DECEDENT'S EDUCA (Specify only highest grade of	iTION	16e. DECEDENT'S US	UAL OCCUPATION	N	16b. KIND OF	BUSINESS/INDUS				
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use r	etired.)							
MP	5th GRADE		CONSTRU	CTION V							
	17. FATHER'S NAME (First, Middle, Last)	0.77770				ME (First, Middle, Ma.					
8	TURNER 19a, INFORMANT'S NAME (Type/Print)	GAINES	105 2641 100 41	DD500 (0)	HENRIE'			ILLS	,		
임	MARIE D. LOTT					Route Number, City or BALTIM(223		
	20e. METHOD OF DISPOSITION	206	PLACEANDDATEOF				LOCATION — City				
	1 St Buriel 2 Cremetion 3 Remov	ral from State cem	etery, crematory or other	place)		1	ARBUTUS.				
	21. SIGNATURE OF FUNERAL SERVICE LICES		1103 013	22. NAME AN	D ADDRESS OF FA	CILITY					
	I + (Wand	D.B.	\sim			OWN JR. I					
	23. PART i. Enter the disesses, or co	mplications that caused	the desth. Do not	enter the mo	W. BALI de of dying, suc	h as cardisc or n	spiratory arrest	MURE	Approximate		
	shock, or heart failure. Li iMMEDIATE CAUSE (Finsi	st only one causa on ea	sch line.				THE PERSON NAMED IN CO.		Interval Between Onset and Death		
		ATHERO SCL	EROTIC C.	PRDIO	VASCUL	AK DIS	EASE		HINUTES		
									1,,,,,,		
S	Sequentially list conditions, b.	HYPERT OUE TO (OR AS A	ENSION)					XEARS		
CERTIFICATION		CONGES		SAAT	CALL	105			VEACS		
띮	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	CPIC!	FAICC	1/2 C			1,5/10		
E	resulting in desth) LAST										
	PART ii. Other significant conditions	contributing to death b	ut not resulting in	the underlying	cause given in	Port I 24a WAS	AN AUTOPSY	I aun w	ERE AUTOPSY FINDINGS		
CAL				are arracitying	orase Stren in	PER	FORMED?	A	WAILABLE PRIOR TO OMPLETION OF CAUSE		
			·			1 _ YE	S 2 XNO	D	F DEATH?		
≥ :	DID TOBACCO USE C	ONTRIBITE TO	CALISE OF	DEATH Y	ES I NO	O 1XI		,	YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	ON INIDOIL TO	CAUSE OI		ACE OF DEATH (Ch						
Sic		HOSPITAL:		THER:	5 🗆 Residence	6 Other (Specify)					
표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME C	F 28c. INJ		28d. DESCRIBE HO	W INJURY OCCUP	RED			
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, stc. (Spec	— At home, ferm, stre ify)	et, fectory, office		26f. LOCATION (Str City or Town, S	eet and Number or tate)	Rural Rou	te Number,		
COMPLETED											
MPL	(Check only CENTIFYING PHYSICI	AN: To the best of my knowl									
00		On the besis of examination	and/or investigation,	in my opinion, d	ath occured at the	time, data and place					
BE	29b. SIGNATURE AND TITLE OF CERTIFIED	ante :			29c. LICENSE NUM	MBER	29d. DATE S	IGNED (N	Jonth, Day, Year)		
2	MO. NAME AND ADDRESS OF PERSON WHO	COMPLETED GARSE OF DE	TH (ITEM 27) (Type, Pr	initi	D400	61	1	0/7	7		
. [GEORGE T F	ANTRY.			F HAR	YLANI	2014	PIT	Α(
	31. DATE FILED (Month, Day, Year)	32 BEGISTRAR'S SIGN	ATURE	1010	1. 1. 1.	7 -/1.01	1103	: (!			
	JUL 1 4 1994 gu	his Devidson Alan	her								

. 11. 1120

7

Pages 1, 2, 3 should

permit

use as the burial-transit

page 5 should be detached for

funeral director,

the

filled in by

cremation

0

and completely fi o burial, cremation

physician

the attending p

A Pa

signed the

certificate I

with w

After

DIRECTOR:

PA 2

DATE FILED (Month, Day,

1 4 1994

⋖	8
N	after
	Dours
	z.
7	=
5	WITH
-	B
Ö	3
	8
DOY 00/00	9
)	e
מ	Cat
	the
ڔ	83
7. O.	5
ກົ	deal
ä	the
OKDS,	that
ζ.	Sa
	Ė
ř	\$
JE VITAL RECOI	AMP.
<u> </u>	RATTENDING PHYSICIAN: The
	ż
	CEA
Ŀ	S
)	Ŧ
7	CB
5	2
-	\exists
()	Ë
>	X
DIVISION	8
-	-
	E
	Ü5

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE /1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH GAN 21:56 ULY 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 217-34-0015 54 FEB. 5, 1940 1 X M 2 - F MARYLAND YRS. Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH SHADY GROVE ADVENTIST HOSPITAL DIRECTOR ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY **DAMASCUS** 1 YES 2 NO ERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 28400 CLARKSBURG ROAD 20872 UNITED STATES FUN 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Ricen, atc.) Specify 1 TYES 2 NO Specify: ВУ 3 Widowed 4 Divorced WHITE 959- 196 ETED. 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) ASSISTANT MANAGER COMPL GROCERY STORE 12 once. 17. FATHER'S NAME (First, Middle, Last) IB. MOTHER'S NAME (First, Middle, Maiden Surname) MORGAN L. GRIFFIN SR. RACHAEL to EARP **BE** notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2 SAME AS # 10 RUTH Ε. GRIFFIN pe 20e. METHOD OF DISPOSITION
1 □ Burlel 2 ★ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must °METROPOLTTAN CREMATORY ALEXANDRIA, VA. 7/12 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 MURIEL HOME Murie the P.O.BOX 5038 LAYTONSVILLE, MARYLAND medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, **Approximate** shock, or heart failure. List pnly one cause on each line. intarvai Between IMMEDIATE CAUSE (Finel Onset and Daath disease or condition the HEMMORHAGE TRA-CRANIAL resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): PROJUVASCULAR D PERTENSIVE traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury. PART ii. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TYES 2 THO OF DEATH? Shows a 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\precedent \) NO \(\precedent PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: YES 2 NO 1 Inpatient 2 PR/Outpatient 3 DOA 6 Other (Specify) 0 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED marked, 1 Natural INJURY м 1 YES 2 NO BY Investigation 2 Accident 28e, PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 ED 8 Could not be 28 4 Homicide COMPLET Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kno wiedge, death occurred at the time, date end place, end due to the cause(e) end menner ee atated. = 2 MEDICAL EXAMINER: On the ligation, in my opinion, desth occured at the time, date and place, end due to the ceuse(e) end menner ee stated, 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FERNWOOD D.

32. REGISTRAR'S SIGNATURE

	REGISTRAR 1. DECEDENT'S NAME (Firşi, Midd	le, Lasi)	C	/ /	AIE OF	DEATH	1	REG. NO.			3. TIME OF OEATH
	CEISSTA			4:	11			MONTH D/	7 (YEAR	4:250
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	F UNDER 1 YEAR	IF UNDER 24 H		DATE OF BIRTH			PLACE (State or Foreign
	218-46-9472	1 □ M 2 🛣 F	44	YRS.	ONTHS DAYS	HOURS M	IN.	(Month, Day, Year) 7-14-49	Take 1	Country	
	Se. FACILITY NAME (If not institution	on, give street and number)		1	b. CITY, TOWN	OR LOCATION C	OF DEATH		9c. COUN		
СТОВ	Bon Secours I	lospital			Balti	more					
닯		COUNTY		I 10c CITY	TOWN OR LOC	TION					10d, INSIDE CITY
DIRE	MD.				ltimor					8.0	LIMITS?
	10e. STREET AND NUMBER] Ба		Of, ZIP COOE			10a. CITIZ		HAT COUNTRY?
ER/	30 S. Cather:	ine Street			100	21223				s-US	
BY FUNERAL	11. MARITAL STATUS 12 Never Married 2 Marri 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AF 1 YES 2 WAR OR DATES	RMEO NO	If yes, s	CENDENT OF HI pecify Cuber, M S 2 MO S	exicen, Pr	PRIGIN? (Specify Yea uarto Rican, atc.)	or No—	Black,	- American Indian, White, etc.
ED	15. DECEDEN (Specify only high	T'S EDUCATION ast grade completed)	16a. DI	ECEDENT'S US	SUAL OCCUPAT	TON post of working		16b. KIND OF BUS	SINESS/INDL	JSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	inte	. Do NOT use	rk done during n retired.)	out at troiting					
COMPL	10th				Cook			Howard	Johns	sons	
8	17. FATHER'S NAME (First, Middle,							First, Middle, Maiden			
BE	John J. Hi							Perkins			
2	19a. INFORMANT'S NAME (Type/Pr		19					Number, City or Tow			
	Annie Perki	ns	100000				reet	Balto.,			
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3		cemetery, cri	emetory or other	OISPOSITION (/ or plece)				CATION — C		
	4 ☐ Donation 5 ☐ Other (Special SIGNATURE OF FUNERAL SER		<u> </u>	ern St	ar Cem	etery	5 51011		ltimon	re, N	Md.
	· Olan	00.	Bn		JOS	EPH H.	BROV	VN JR. FU			ME, P.A MD 21223
CERTIFICATION	iMMEDIATE CAUSE (Finsi disesse or condition resulting in deeth) Sequentieily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	O (OR AS A CONSE	OUENCE OF):	SCC	es du	7	3			Intervel Between Onset and Death
CERTI	resulting in death) LAST	d									
MEDICAL	PART il. Other eignificent or	enditions contributing to	o death but not	resulting in	the underly	ng cause give	n in Per	t i. 24a. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO ME	DICAL			26.	PLACE OF DEATH	H (Check o	only one)	_		
Sic	EXAMINER? 1 YES 2 NO	MOSPITAL:	☐ ER/Outpatient :		THER:	me 5 🗆 Raalde		77.			
BY PHYSICIAN:	27. MANNER DF DEATH 1 Naturel 5 Pendi	28e. DATE O (Month,	PF INJURY Day, Year)	28b. TIME INJUR	YY W	JURY AT ORK? YES 2 NO		d. DESCRIBE HOW I	NJURY OCC	URED	
ED	2 Accident Invest 3 Suicida 8 Could 4 Homicide determ	not be 26a. PLACE building	OF INJURY — A1 hog, atc. (Specify)	ome, form, atr	ee1, factory, off	Ica	28	LOCATION (Street a City or Town, State)		or Rural Ro	pute Number,
MPLET		G PHYSICIAN: To the best of									
8		EXAMINER: On the basis of	axemination and/or	investigation,	In my opinion,	death occured a	t the time	, date and piece, an			
TO BE	296 SIGNATURE AND TITLE OF C	15/10	aus	w	0	29c. LICENSE	NUMBER 22	63	29d. DATE	SIGNED	(Month, Day, Year)
F	30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CA	USE OF DEATHYITE	M 27) (Type, P	rint)	. 25	CO	DIT	Pol	Ac	Nave

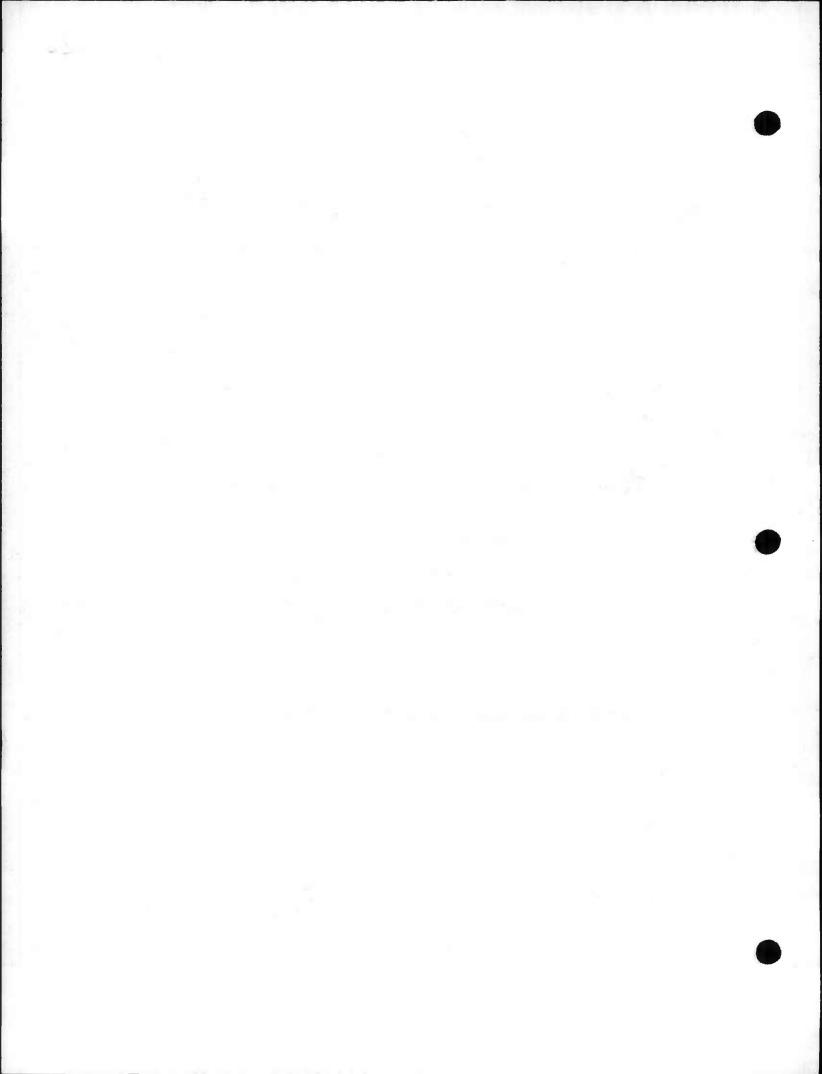
DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

LORGINS THE law requires that the death certificate be executed with the normal field of the property of the state of the property of the pr

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

		1. DECEDENT'S NAME (First,	, Middle, Last)				-	_				2. DATE OF DE	ATN DAY			3. TIME OF DEATN
		HELEN IDA HUDSON JULY 08,							1994 12:25 A M							
	- 1	4. SOCIAL SECURITY NUME		5. SEX	6. AGE	(In yrs les	t birthday)		R 1 YEAR	IF UNDER	1	7 DATE OF BU	TH		BIRTH	PLACE (State or Foreign
ı		212-62-66		1 □ M 2 X XF	93		YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. 6	19	00 0	ura	y,Colorado
	_	9e. FACILITY NAME (If not in								OR LOCATI	ON OF DE	ATH		9c. COUNT		
	DIRECTOR	G.B.M.C. (GREATER BALTO.MEDICAL CTR.) Towson Baltimo							imo:	re						
		10e. STATE	10b. COUNTY	1			10c. CIT	Y, TOWN	OR LOCAT	LION						10d, INSIDE CITY
	8	Maryland	Balti	.more			_	rk							- 1	LIMITS?
		10e. STREET AND NUMBER							101	f. ZIP COD	E		1	10g. CITIZE	EN OF W	HAT COUNTRY?
	FUNERAL	12648 Fork	Road							2105	1			U.	S.A	
	5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER	IN U.S. ARI	MED					IIC ORIGIN? (Spe		r No 1	4. RACE	— American Indien,
	BY	1 Never Merried 2 3 Wildowed 4 Divo		IF YES, GIVE V	WAR OR E	DATES	10			2 X NO		n, Puerto Rican,	etc.)		Specif	
															whi [.]	te
	COMPLETED	(Specify only	EDENT'S EDU y highest grade	completed)		(G/	CEDENT'S ive kind of Do NOT u	work done	during mo	ON ost of worki	ng	16b. KIND	OF BUSIN	ESS/INDU	STRY	
	1 1	Elementary/Secondery (0)-12)	College (1-4 or 5	+)	Nur		ы гынгец.)				Pri	ivate	Nur	99	
Once.	W	17. FATNER'S NAME (First, M.	liddle, Last)			1101				to MOT	NED'S NA	ME (First, Middle,			30	
at o		Gustave A.										.1 Schaf		irrianno)		
notified	BE	19e, INFORMANT'S NAME (7)				198	. MAILING	ADDRES	S (Street			Route Number, City		State, Zip C	ode)	
not	2	Pam Hudson										#117		Md.		51
st be		20a. METNOD OF DISPOSITE		dual from Chat-		b. PLACE						DATE	20c. LOCA	TION - CI	fy or Ton	wn, State
must		4 Donetion 6 Other	(Specify)		Fc	ork U	mirte	d Me	th.C	Chc.C	em.7	/11/94	For	ck, Md	.210	051
nine		21. SIGNATURE OF FUNERA		A						ND ADDRE					0	-1
ехап		> Kuh	and 6	Bea				- 4	EF	Las	salu	FHI	1750	o Ba	Laur	ville,Md.2108
medical examiner		23. PART t. Enter the di	iseases, or o	complications the	t cauae	d the de	ath. Do	not enter	r the mo	de of dy	Ing, auc	h as cardiac o	r reapirat	tory arrea	nt,	Approximata
E E		shock, or he IMMEDIATE CAUSE (Fin	eart fallure.	List only one car	ise on e	each iine										Interval Between Onset and Death
the		disease or condition	→	Scho	is											641
vent	- 1	resulting in death)				A CONSEC			-							7
or other traumatic event,	Z	O		b. Inha. DUE TO L. FSCLO	2/50	on	na	0 4	asc	ers	•					1 W
aumati	E I	Sequentially llat conditi	diate	PUE TO	(OR AS	A CONSEC	DUENCE O	F):	1		2)				7
- T	CERTIFICATION	CAUSE (Disease or Inju				A CONSEC			900	rea	4	1				IW
r oth	Ē	that initiated events resulting in death) LAS	т		(on no	A CONSEC	JOENICE O									
Ž,	S			d												
any Injury,	MEDICAL	PART ii. Other algnifica	nt condition	s contributing to	death I	but not r	eaulting	in the u	nderlyin	g cause	given In	Part i. 24a.	WAS AN AU		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
any	음						_					1 🗆	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
shows	ME											_				1 - YES 2 1 NO
133	ä	DID TOBACCO		CONTRIBUTE	TO	CAUS	SE OF	DEA			NO					
or item	PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:		_		OTHE		LACE OF D	EATN (Ch	eck only one)				
	ΙΥS	1 YES 2 NO		1 inpatient 2		patient 3		4 🗌 Nu	raing Hom		sidence	8 Other (Spec				
marked,		- 4	Pending	28e. DATE OF (Month, L			28b. TIN	IURY	_	PRK?	٦ ,,,,	28d. DEŞCRIBE	NOW INJU	URY OCCU	RED	
	B	2 Accident	Investigation	28e. PLACE C	F INJUR	Y At ho	me term	street lec		YES 2	NO	201 LOCATION	/Ctenat and	d Mumbas as	- Promi D	The Alexander
28 is	8		Could not be determined	building,	atc. (Spe	ecify)	1110, 101111,	streat, rec	tory, orne	7	ĺ	281. LOCATION City or Town		r Number of	Hurai H	oute number,
them.		29e. CERTIFIER	TIEVINO BUVO			7/0 L			-							
· ==	COMP			CIAN: To the best of												end manner ee stated.
M		29b. SIGNATURE AND TITLE						,y .	opinion, c							
MPORTANT	出	Marani.	1	MA						29c. LIC	25 NUM	IBER /フ/	2	Ped. DATE:	SIGNED	(Month, Day, Year)
≥ ≥	2	30. NAME AND ADDRESS OF	F PERSON WN	O COMPLETED CALL	SE OF DE	EATN (ITES	M 27) //im-	Print		9	w 1	11		- /	- 0	- 94
		ALVAPO I	EPE	7 /2/	7.5		5/11/1900	Pa	1	Let.	bex	2116	m	0 :	2/10	003
		31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGI		, ,			~//	/ - 0	o re	.,,,	(~	10	
		JUL 1 4 190	_	1 2 Navida	_											
L		001 1 13	74	A VAINA		الإيارية										



DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a second by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a second by the funeral director burial.

nous after death will be state begin or nearly any mental hypera prior to bottat, certificate, or interval, or lean 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

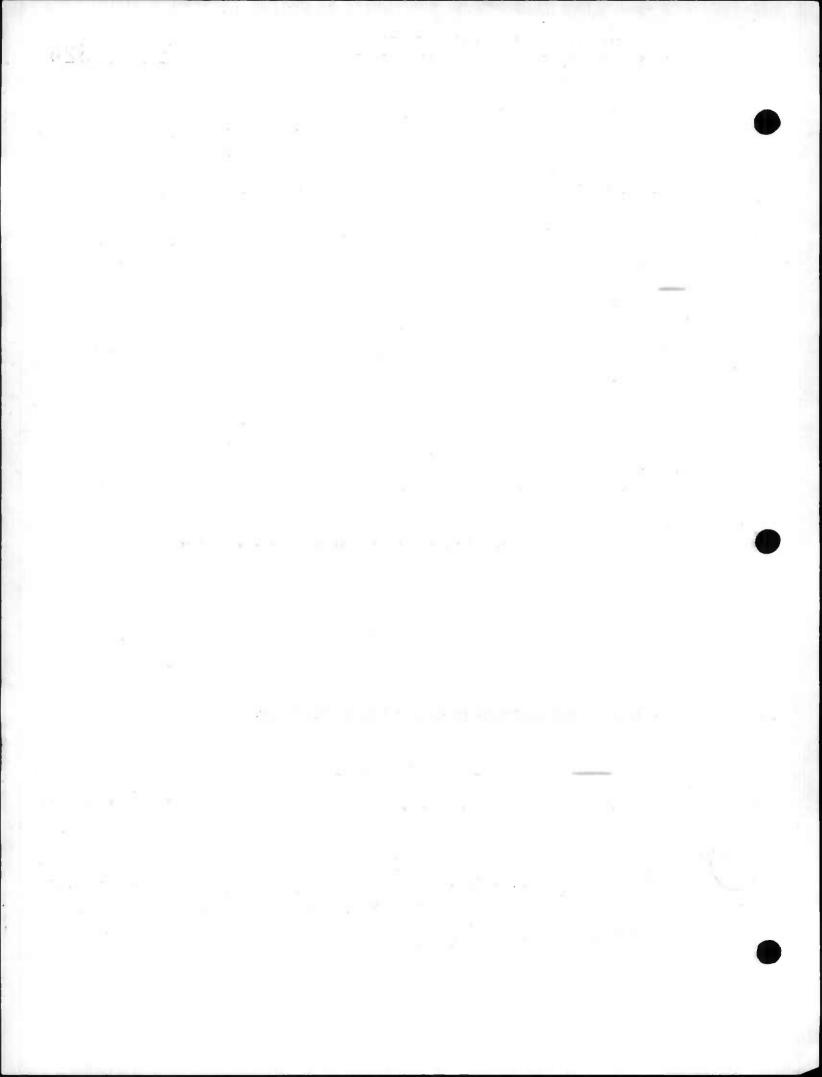
DIVISION OF VITAL RECORDS, P.O. BOX 68760

	ITEMS: 23 PART I, 27,	28a-f, PER MEU	FILM G-/13	7/26/9	4 tt.		24	200	64
	REGISTRAR	STATE OF MARYLAN	D / DEPARTMI CERTIFICA	ENT OF I	HEALTH AND I	MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY Y	ZEAR 3. TIME	OF DEATH
- 1	ANDRE HOLMAN					80 VIIII.			.23 P M
				INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH	8	BIRTHPLACE (S	
	Z14-00-ZJ01	XM2□F 37	YRS.	INS DATS	HOURS MIN.	(Mooth, Day, Year) 5-10-5	57	MD MD	
	9e. FACILITY NAME (If not institution, give street	and number)	9b.	CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNT	Y OF OEATH	
8	BAYVIEW HOSPITA	AL	E	BALTI	MORE CI	TY			
DIRECTOR	RESIDENCE OF DECEDENT								
뿚	MD DATE	-	10c. CITY, TO	WN OR LOCA	TION			10d. INS	NIDE CITY
	DALI	0						1 🗌 YE	S 2 X NO
FUNERAL	100. STREET AND NUMBER 1132 PLAZA CIR	CLE		10	1. ZIP CODE 2128	5		N OF WHAT COU S . A	JNTRY?
3	11. MARITAL STATUS 12	. WAS DECEOENT EVER IN U.	S. ARMED	13. WAS DEC	CENDENT OF HISPAN	NIC ORIGIN? (Specify Yes	or No.— 1	I. RACE — Amer	icen Indien
	. 63 mailied mailied	FORCES? FAYES 2 IF YES, GIVE WAR OR DATE:		If yee, sp	ecify Cuben, Mexico	m, Puerto Rican, etc.)	7 67 100-	Black, White,	etc.
BY	3 Widowed 4XX Divorced	ii izo, dite iidi on baje.	·	1 153	212110 Specin	y:		Specify: BL	ACK
	15. DECEDENT'S EDUCATI (Specify only highest grade con	ON 18	. DECEDENT'S USU	L OCCUPATI	ON	16b. KIND OF BU	SINESS/INOUS	TRY	
<u> </u>		college (1-4 or 5 +)	(Give kind of work of life. Do NOT use retir	lone during mo red.)	ost of working				
4	12TH		SUPPLY	CLERE	<	U.S. A	ARMY	FT.ME	CADE
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surneme)		
BE	JAMES E. HOLMAN				SHIR	LEY EPPS			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADO	RESS (Street	and Number or Rural i	Route Number, City or Tow	n, State, Zip Co	ode)	
5	SHIRLEY BREHON		8244	CHURC	CH LANE	APT K RA	ANDAL	LSTOWN	, MD
	20a METHOD OF DISPOSITION AN ABuriel 2 Cremetion 3 Removal	20b. PL	ACE AND DATE OF DIS	SPOSITION (N	ame of	OATE 20c. LO	CATION — CIT	y or Town, State	
	4 Donetion 5 Other (Specify)	from State	RRISON	FORE	EST VET	7159# OV	VINGS	MILLS	, MD
	21. SIGNATORE OF FUNERAL SERVICE LICENS	(4)	T	22. NAME A	NO ADDRESS OF FA	CILITY			
	Levens L	1 Dhm	200 5	MAF	RCH F/H	-WEST 43	300 W	ABASH	AVE
	23. PART Enter the diseases, or com	pilcations that caused h	Sort J.L						
	nock, or heart failure. List	only one cause on each	lina.	inter tha me	nue of dying, suc	n ss cardiac or respi	ratory arres	Int	oproximate tarval Between
	IMMEDIATE CAUSE (Final disease) or condition							Or	nset and Death
	resulting in death)	ACUTE COCAINE		IN ASSOC	CIATED WITH	MYOCARDITIS			
		OUE TO (OR AS A CO	INSEQUENCE OF):						
CERTIFICATION	Sequentially list conditions, b	DUE TO (OR AS A CO	MSEQUENCE OF						
E	if any, leading to immediate cause. Enter UNDERLYING	50E 10 (011 X3 X 00	MOEQUENCE OF J.					ľ	1
윤	CAUSE (Disease or Injury that initiated evants	OUE TO (OR AS A CO	NSEQUENCE OF:						
E	resulting in death) LAST							i	
<u> </u>	d								
. 1	PART II. Other significant conditions conditions	ontributing to death but	not resulting in th	e underlyin	g cause given in	Part I. 24a. WAS AN			JTOPSY FINDINGS
MEDICAL						PERFOR		COMPLE	LE PRIOR TO TION DF CAUSE
Ä								OF DEAT	H7 S 2 □ NO
-	DID TOBACCO USE CO	NTRIBUTE TO C	AUSE OF DI	EATH Y	ES INC				
Ž.	25. WAS CASE REFERRED TO MEDICAL				LACE OF OEATH (Ch	eck only one)			
PHYSICIAN:		OSPITAL: Inpetient 2 ER/Outpatie		HER: Nursing Hor	sa 5 Residence	8 Other (Specify)			
Ŧ	27. MANNER OF OEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJ	JURY AT	28d. OESCRIBE HOW I	NJURY OCCU	RED	
	1 Natural Similari	(Month, Day, Year) FOUND 7-8-94	10:10 P		PRK?	UNKNOWN			
ВУ	2 Accident Investigation 3 Suicide 8 XXCould not be	28e. PLACE OF INJURY -				281. LOCATION (Street a	and Number or	Rural Route Num	iber,
ETED	4 Homicide determined	building, etc. (Specify) FOUND	IN YARD			City or Town, State)	4706 VA	LLEY VIE	N DRIVE
۳	290. CERTIFIER					BALTIMORE, M			
COMPL		N: To the best of my knowledg							ille betermin
			niveligation, in	y opinion, c			a due to the c	euse(e) end mar	mer ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	11.1.			29c. LICENSE NUN	ABER		IGNED (Month, E	
0	Dennis 1.	MUTEUD			O.C.M	E	TIT.	T.V NO	1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

111 Penn Street, Baltimore, Maryland 21201

32. REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a require after death. Page 6 may be retained by the hospital or attending physician.

TO THE HINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the safe of the signed by the attending physician and mental Hygiene prior to burial, certain, or removal.

Thours after death with the State Dept. of Health and Mental Hygiene prior to burial, certained at any permit be notified at once.

	1 - STATE OF MARYLA STATE OF MARYLA	STATE STATE OF MANILAND / DEPARTMENT OF REALIN AND MENTAL HTGIENE								
	1. DECEDENT'S NAME (First, Middle, Last) MARY KELLER				2. DATE OF DE MONTH	DAY	94	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 3. SEX 1 M 2 F 9. FACILITY NAME (if not institution, give street end number)	yrs. lest birthday) 7 YRS.	MONTHS DAYS	DAYS HOURS MIN. (Month, Day, Year) 07/09/19			BIRTHPLACE (State or Foreign Country) Maryland Sc. COUNTY OF DEATH			
TOR	Anne Arundel Medical Center		Pb. CITY, TOWN OR LOCATION OF DEATH Annapolis					Anne Arundel		
DIRECTOR	106. STATE 106. COUNTY Maryland Anne Arundel		10c. CITY, TOWN OR LOCATION Baltimore					16d. INSIDE CITY LIMITS? 1 YES 2 , NO		
	10e. STREET AND NUMBER	1 100.	10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?		
					ANIC ORIGIN? (Specify Yes or No- 14, RAC			- American Indian.		
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DAT	ES	1 🗆 YES	city Cuben, Mexice 2 反 NO Specify		etc.)	Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th Grade	(Give kind of we life. Do NOT use Housew)	ork done during mo retired.)	N st of working		OF BUSINESS/II				
COM	17. FATHER'S NAME (First, Middle, Last)		ire	18. MOTHER'S NAI	ME (First, Middle,					
BE	William C. One		ADDRESS (Street e	Min	nie Tho		Zip Code)			
٩	Carl W. Kellenbenz	8051 L	ong Hil	l Road	Pasade	na, Mar	cyland	21122		
	1 St Buriel 2 Cremetion 3 Removal from Stale cemet 4 Donation 5 Other (Specify)	LACE AND DATE OF ery, cremetory or oth dar Hill	L Cemete	ry	7/14	Baltim	-	wn, Simb Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Georg	D ADDRESS OF FACE	ce Fune					
	23. PART / Enter the disease, or complications that caused is shock, or heert feliure. List only one cause on each	he death. Do no	ot enter the mo	Ritchie I de of dylng, such	ss cardlec o	r reepiratory	rrest,	Approximate interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Due To (or As A C	Hatic	Vu	lvas (ance	2		Onset and Desth		
ATION	Sequenticity list conditions, If any, leading to immedicts cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	ONSEDUENCE OF)	:							
¥	PART II. Other significent conditions contributing to deeth but	not resulting in	the underlying	ceuse given in		MAS AN AUTOPS	Y 24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC	Freute Renal F		ince/		- 10	YES 2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PL	ACE OF OEATH (Che	ck only one)					
PHYSICIAN:	1 ☐ YES 2 ND 1 Impetient 2 ☐ ER/Outpet 27. MANNER OF DEATH 266. DATE OF INJURY (Month, Day, Year) Natural 5 ☐ Pending		OF 28c. INJ	JRY AT RK?		HOW INJURY O	CCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — building, atc. (Specify	At home, farm, st			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowled one) MEDICAL EXAMINER: On the basic of examination of) and menner ea stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	354	29d. D/	TE SIGNED	(Month, Dey, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT ENSEW W. COLC 900 E	sesta	Ate K	d Suit	e 300	ANN	1001	is MDZIYI		
	JUL 1 4 1994 July Sevidson Pand	URE			22000					

63km (T

", MARTLAND ZIZIS-UL	
_	- 2
1	2
0	- 3
-	1
_	4
M	- 1
. 4	
-	
N	-
	113
	-
_	
_	3
-	-
α.	- 5
-	- 4
	,
_	
-	- 4
total .	-
_	- 2
-	- 1
•	-
_	- 4
5	- 15
E.,	,
	- 4
	J.
11	
-	- 1
Υ.	- 6
BALLIMORE	- 0
~	
_	-
>	- 5
Treas.	- 4
	- 6
	- 4
-4	- 1
-	- 2
•	- 1
_	
n	- 2
	- 3
	- 2
	- 8
	-
_	-4
	Property office described Dance in the control of the state of the sta
	-2
_	.6
0	2
_	-
-	
~	÷
00/00	weekend units

VITANDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

The page 5 may be retained by the hospital physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should need with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE REGISTRAR	STATE OF MAR		TMENT OF		MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, Les			Lee	DEA.	2. DATE OF DEATN		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-03-6463	5. SEX 6. A	GE (In yrs. last birthday) 86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-27-07	8.	BIRTHPLACE (State or Foreign Country) MARYLAND
99. FACILITY NAME (If not institution, give ST. AGNES HOSP RESIDENCE OF DECEDENT				OR LOCATION OF C	DEATN	9c. COUNTY	OF DEATH
	BALTIMORE	10c, CIT		ONSVILLE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
711 MATDEN CHOICE LAND CD 211					J.S.A.		
3 Widowed 4 Divorced	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Rica 13. WAS DECEMBENT OF HISPANIC ORIGIN? (1) If yes, specify Cuben, Mexicen, Puerto Rica 14. WAS DECEMBENT OF HISPANIC ORIGIN? (1) 15. WAS DECEMBENT OF HISPANIC ORIGIN? (1) 16. WAS DECEMBENT OF HISPANIC ORIGIN? (1) 17. WAS DECEMBENT OF HISPANIC ORIGIN? (1) 18. WAS DECEMBENT OF HISPANIC ORIGIN? (1) 19. WAS DECEMBENT OF HISPANIC ORI				en, Puerto Rican, etc.)	es or No — 14.	RACE — American Indien, Black, White, etc. Specify: WHITE
3 M Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +) 12. HOMEMAKER 16. MOTNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname)						TRY	
12 17. FATNER'S NAME (First, Middle, Last)		HOM	EMAKER	18. MOTNER'S N	AME (First, Middle, Maide	HOME	
WILLIAM SCHILP	P		1	ANNA	, , , , , , , , , , , , , , , , , , , ,		
19e. INFORMANT'S NAME (Type/Print)					l Route Number, City or To		
ROBERT W. LEE	JR. (SON)				LUTHERVILL		
1 X Buriei 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	emoval from State	20b. PLACE AND DATE of cometery, crematory or of VA	T.T.EV CEN	15-		OCATION — City	or Town, State ALLEY , MARYLAND
21. SIGNATURE OF FUNL PLATE SERVICE		OLDERET VA		ND ADDRESS OF F		ANEI VE	TILET, MARTLANL
Lunerac	u de Co	6					VERAL HOMES
23. PART i. Enter the diseases, o	r complications that car	used the death. Do i	11630 I	DMONDSOI	Ch as cardiac or rea	ATONSVI	LLE MARYLAND
immediate Cause (Final disease or condition resulting in death)	e. List only one cause o	m each ilna.					Interval Batween Oneat and Daeth
resulting in upath)	DUE TO (OR	AS A CONSEQUENCE OF					Tuck
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. My/	AS A CONSEQUENCE OF	7:				9 your
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR .	AS A CONSEQUENCE O	7):				
PART II. Other algorificant condition	ona contributing to daa	th but not resulting	n tha underlyir	g cause given in	Part i. 24s. WAS A PERF	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
-							1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL	1						
EXAMINER?	HOSPITAL:	0.45-41-4 0.17-20-4	OTHER:	LACE OF DEATH (C			
27. MANNER OF DEATH	1 Department 2 ER/	IRY 28b. TIM	E OF 28c. IN	ne 5 ☐ Rasidence	6 Other (Specify) 26d. DESCRIBE NOW	INJURY OCCUR	ED
1 Atetural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ar) INJ	URY W	YES 2 NO			
3 Suicide 6 Could not b	28e. PLACE OF INJ building, etc. (URY — At homa, ferm, (Specify)	itreet, tectory, offic	:0	28f. LOCATION (Stree City or Town, Stat		Rural Route Number,
	SICIAN: To the best of my k						ouse(e) and manner se stated.
295. SIGNATURE AND TITLE OF CERTIF	two			29c. LICENSE NU	IMBER OF 7	29d. DATE S	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	VNO COMPLETED CAUSE OF	DEATN (ITEM 27) (Types	Print) May d.		he Lan		2 (22 8
31. DATE FUED (Mapth, Pay 1004	20. REGISTRAR'S						

_	
MARYLAND	
_	
~	
-	
ч.	
1	
mod	
\rightarrow	
C	
=	
Q.	
-	
>	
_	
- 10	
0 1 0	
ш	
\sim	
_	
\sim	
$\mathbf{\mathcal{C}}$	
4	
~	
-	4
4	
_	
	•
BALTIMORE ,	
•	4
-	
100	
_	-
-	
•	
0	-
90	-
.09	-
760,	
8760	
38760	7
68760	
. 68760	
X 68760.	
X 68760.	-
OX 68760.	
10X 68760.	
BOX 68760	
BOX 68760	
. BOX 68760.	
D. BOX 68760	
O. BOX 68760.	
.O. BOX 68760,	
P.O. BOX 68760.	
P.O. BOX 68760,	
, P.O. BOX 68760,	
S, P.O. BOX 68760,	
S, P.O. BOX 68760,	
DS, P.O. BOX 68760,	
DS, P.O. BOX 68760,	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
ADS, P.O. BOX 68760	2 4 4 4 4 4 4
RDS, P.O. BOX 68760,	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
ORDS, P.O. BOX 68760,	The second secon
ORDS, P.O. BOX 68760	The second secon
CORDS, P.O. BOX 68760	
CORDS, P.O. BOX 68760	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ECORDS, P.O. BOX 68760	
IECORDS, P.O. BOX 68760	
RECORDS, P.O. BOX 68760	
RECORDS, P.O. BOX 68760.	
- RECORDS, P.O. BOX 68760	
L RECORDS, P.O. BOX 68760.	
AL RECORDS, P.O. BOX 68760	
AL RECORDS, P.O. BOX 68760	
TAL RECORDS, P.O. BOX 68760	

21215-0020

the bunal-transit permit. Pages 1, 2, 3 should the hospital or attending physician. use as ğ detached 2 Te retained by funeral director, page 5 should notified 2 must be Page 6 may examiner filled in by the after medical SUNO cremation, or event, the attending physician and completely burial, traumatic Hygiene prior to other 0 Mental Injury, signed by the a Health and Meri shows any Health a peen 6 Dept. MP. 23 certificate has b The item HOSPITAL OR ATTENDING PHYSICIAN: the 0 TO THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this certibe filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, or

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 DECEDENT'S NAME (First Middle | set) 2. DATE OF DEATH 3. TIME OF DEATH YEAR John Frederick Lucker 1994 July 12 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) DATE OF BIRTH (Month, Day, Year) 11/16/23 IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Country) DAYS 217-14-6656 1 SM 2 - F 70 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR 1612 Howard Avenue Essex Baltimore 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 TYES 2 TO NO Essex FUNERAL 10e. STREET AND NUMBER 101 ZIR CODE 10g, CITIZEN OF WHAT COUNTRY? 1612 Howard Avenue 21221 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2/XMerried 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced WW II White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Printer Printing Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John F. Lucker, Pearl M. Cornelious BE 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Margret A. 1612 Howard Ave. Baltimore Maryland21221 Lucker 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Sacred Heart OF Jesus7/15/94 Baltimore Co. WIRE OF FUNERAL VERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home P.A. 1407 Old Eastern Ave.Balt.Md 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final disease or condition Onset and Death entro Culos to hucasalla reaulting in death) afory CERTIFICATION Sequentially list conditions, DUE TO IOR AS A CONSEQUENCE if any, leading to immediate cause. Enter UNDERLYING rare de CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to seath but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24h, WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 50 NO I YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: T YES THE NO 8 C Other (Specify) 27. MANNEH OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED

28c. INJURY AT WORK? t Metural 1 ☐ YES 2 ☐ NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Flural Route Number, Obs. or Team, State) 6 Could not be 4 🔲 Homicide

29s. CERTIFIER
(Check only one)

2 MEDICAL EXAMINED: On the basic of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

D22410

a medicae examiner. On it	to bear or examination and/or investigation, in my opinion, o	eath occured at the time, date and pieca, an	d due to the cause(a) and menner as stated
296. SIGNATURE AND TITLE OF CERTIFIER	/0	29c. LICENSE NUMBER	29d. DATE SIGNED (Morgh, Day, Year)

30. NAME AND APE 20 SERA

Julia Davidson Rando De

DIVISION OF V

BY

COMPLETED

띪

9

	bloods	
	2,3	
	-	
	. Pages 1, 2, 3 sl	
	permit.	
slcian.	director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sl	
É	à	
Duipu	s the	
affe	use a	
0	10	
may be retained by the hospital	etached	
5	0 0	
5	Q P	
etaine	shoul	
90	96.5	
3	pag	
E	tor,	
age (neral directo	
-	Tal.	
eatt	Mu	
ter o	in signed by the attending physician and completely filled in by the	al, cremation, or removal.
S	2	em
5	E.	10
	all le	Ę,
J	N/	atio
)jet	TeT.
2	mo	d' c
5	P	nuja
Š	an	0 p
2	clan	00.1
are	ySic	b
9	d	ene
ce	dlng	Š
atu	Hen	T P
8	60	f Health and Mental Hy
E	y th	P
nat	5	an
es I	gne	alth
Jan .	50	무

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ours after death. Page 6 may be retained by the hospital or attending phy	led in by the funeral director, page 5 should be detached for use as the bur	medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNEFAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur	be nied within 72 hours after death with the state Dept. Of Health and Mental hydrer prior to burde, chemany, or fembral. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.	

William J	ddle, Last)				7411	2. DATE OF D	DAY	_ YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	.Ledbetter					July		994	5:45 P M
245-16-956 9a. FACILITY NAME (If not institu	6 1 x M 2 D F	6. AGE (In yrs. lest	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 8/24	1/16	Nor	th Carolin
Harbor	View				n LOCATION OF C			OUNTY OF C	oreCity
	Baltimore	2		ddle F					10d. INSIGE CITY LIMITS? 1 YES 2X NO
10e. STREET AND NUMBER	Durcimor		1111		ZIP COOE		10g. (CITIZEN OF	WHAT COUNTRY?
	Wing Drive	<u>e</u>			21220		U	.S.A	11,2
11. MARITAL STATUS 1 Never Merried 2 Mei 3 Widowed 4 Divorced	rried FORCES?	ENT EVER IN U.S. ARI 1 YES 2 N E WAR OR DATES	MED	If yes, spi	ENDENT OF HISPA Holly Cuban, Mexic 2000 Spec	en, Puerto Ricen		Spec	E — American Indian, ik, White, etc. ify:
15. DECEDE	ENT'S EOUCATION ghest grade completed)	16a. DE(CEDENT'S US	UAL OCCUPATION done during mos	N N and wandsing	16b. KINI	OF BUSINESS		100
Elementary/Secondary (0-12)		E a life.	Do NOT use re			East	ern Sta	inles	ss Steel
17. FATHER'S NAME (First, Middle						AME (First, Middle		,	
	. Ledbette					beth 1			
	th Ledbett				nd Number or Rural				21220
20b. METHOD OF DISPOSITION 1 Suriel 2 Commation 3 Removal from State 4 Donation 5 ther (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of commetery, crametery or other piece) Belaix Mem, Gardens 7 / 15 / 94 Baltimore C									
22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home P.A.									
Jerhote,	Dina	gue			lzinski Old Ea				
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)		EUMON TO (OR AS A CONSEC							Onset and Death
									Iweek
Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	te c.	TO (OR AS A CONSEC	DUENCE OF):						Lweek
if any, leading to immediat cause. Enter UNDERLYING	te c.	TO (OR AS A CONSEC	DUENCE OF):						Iweek
if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	cOUE 1	TO (OR AS A CONSEC	DUENCE OF):	the underlying	ceuse given in		WAS AN AUTOPPERFORMEO? YES 2 NO		b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent of the cause of the c	conditions contributing	TO (OR AS A CONSEC	DUENCE OF):		ceuse given in	_ 1)	PERFORMEO?		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
if any, leading to immediet cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent	conditions contributing	TO (OR AS A CONSEC	DUENCE OF): DUENCE OF): DUENCE OF):	28. PL		heck only one)	PERFORMEO?		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent of the cause of the c	conditions contributing depicted. Conditions Contributing	to deeth but not re	DUENCE OF): DUENCE OF): DUENCE OF):	26. PL THER: Nursing Hom Y 28c. INJ W	ACE OF DEATH (C	heck only one) 6 □ Other (Spr	PERFORMEO?		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent of the cause of the c	CONDITIONS CONTRIBUTING CONDITIONS CONDITIONS CONTRIBUTION CONDITIONS CONTRIBUTIONS CONTRI	to deeth but not re	DUENCE OF): DUENCE OF): esulting in t DOA 4 20b. TIME O	28. PL THER: Nursing Hom W Y W M 1 1	ACE OF DEATH (C) 5	heck only one) 8 □ Other (Spi 28d. OESCRIB	PERFORMEO? YES 2 NO Notify) E HOW INJURY	OCCUREO	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent of the cause of the c	CONDITIONS CONTRIBUTING CONDITIONS CONDITIONS CONTRIBUTION CONDITIONS CONTRIBUTION CONTRIBUTIO	to deeth but not re to deeth but not re E = ER/Outpetient 3 OF INJURY At horing, etc. (Specify) of my knowledge, dei	DUENCE OF): DUENCE OF): esulting in t DOA 4 20b. TIME O INJURY me, term, street	28. PL THER: Nursing Hom NF 28c. INJ WO 1 1 Y et, factory, office	ACE OF DEATH (C) 5 Residence JRY AT RK? ES 2 NO	heck only one) 6 Other (Spot 28d. OESCRIE) 28f. LOCATION City or Too	PERFORMEO? YES 2 NO Notify) E HOW INJURY 4 (Street and Num, State)	OCCUREO stated.	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent of the cause of the c	CONDITIONS CONTRIBUTING CONDITIONS CONDITIONS CONTRIBUTION CONDITIONS CONTRIBUTION CONTRIBUTIO	to deeth but not reto deeth but	DUENCE OF): DUENCE OF): esulting in t DOA 4 29b. TIME O INJUR me, term, streighth occurred annestigation, i	28. PL THER: Nursing Hom NF 28c. INJ WO 1 1 Y et, fectory, office at the time, date in my opinion, d	ACE OF DEATH (C) 5 Residence JRY AT RK? ES 2 NO	6 Other (Spe 28d. OESCRIB	PERFORMEO? YES 2 NO Notify) E HOW INJURY (Street and Num ym, State) and menner as	occurso ober or Rurel stated,	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO

10 to terini da ara tera a rouse no saintilo:

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

		112010111011		OLITI	TIOATE	/ DEATH	HEG.	NO.	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
			Robert I	Lee M	yers		July 13		4 7:20 P M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthdi		1	7. DATE OF BIRTH	8.	I. BIRTHPLACE (State or Foreign
_		212-09-9102	1 📉 M 2 🗆 F	79 YRS	MONTHS DA	YS HOURS MIN.	04/17	/15	Maryland
3 should		9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TO	WN OR LOCATION OF D			Y OF DEATH
	۳.	205 St Mark W	Iou AD+	508	T.T.	estminst	0.25		arroll
1, 2,	ЕСТО	205 St. Mark W	ay, Art.	000	W	SCHITHSU	er		311011
ges	ਜ਼	10e. STATE 10b. COUNTY	1	10c.	CITY, TOWH OR L	CATION			10d. INSIDE CITY
2	PIG	Maryland	Carroll			West	minster		LIMITS?
E	불	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
-0020 ing physician. the bunial-transit permit. Pages 1,	FUNERAL	205 St. Mark W	Jaw Ant	508		21	158		USA
cian. Ltrar	=	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13 WAS	DECENDENT OF HISPA		Yes or No. 1	4. RACE — American Indian,
D2C physi buria		1 Never Married 2 Married	FORCES? 1 XYES	2 NO	If you	, specify Cuban, Mexic	en, Puerto Rican, etc.)	Black, White, atc.
5-0020 nding physic	BY	3 Widowed 4 Divorced		WII	, ,	YES 2 XNO Speci	ry:		Specify: White
215-0020 attending physician. se as the burial-trar	요	15, DECEDENT'S EDU	CATION	18a. DECEDEN	T'S USUAL OCCUI	PATION	16b, KIND OF	BUSINESS/INDUS	
212 Il or a for us		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life. Do NO	of work done during use retired.)	g most of working			
ND 21 hospital or ached for u	립	12	55.1050 (1-4-51-51)		Vice P	resident		Ranl	king
AN he hos detach	COMPLET	17. FATNER'S NAME (First, Middle, Last)			VICC I		AME (First, Middle, Mai		KING
YLAN by the hos be detach at once.	Ш	Garfield	Myore				Minnie		olaton
MARYLAND 21215 retained by the hospital or attend 5 should be detached for use as notified at once.	00	19a. INFORMANT'S NAME (Type/Print)	HYELS	196. MAII	NG ADDRESS (Str	eet and Number or Rural			
MA retain 5 sho notifi	임	Vivian N. Myer				k Way, APt			
E Be to					TEOF DISPOSITION			LOCATION - CIT	
ALTIMORE, MARY leath. Page 6 may be retained funeral director, page 5 should xaminer must be notified	- 9	20a. METHOD OF DISPOSITION 1	oval from State ce	metery, crematory	or other place)	ry, Inc.	7/1/		
LTIM(auth. Page (uneral direc	- 19	21. SIGNATURE OF FUNDAL SERVICE LIC	ENSEE	etro C		TY, Inc.		Baltin	more, MD
death. Page tuneral direction		, sear	- Mu	Me		nation S		of Md.	. Inc.
0 - D		George E.	MacNabb						, MD 21228
15 P P 2		23. PART i. Enter the diseases, or o	complications that cause	d tha death. D	o not enter tha	mode of dying, suc	ch as cardiac or re	papiratory arres	it, Approximate
DO OF		IMMEDIATE CAUSE (Final	List only one cause on	each lina.					Intarval Between Onset and Death
		disease or condition	1 2	11	10.00				
3760, nted with completely ial, cremati		resulting in death)	DUE TO (OR AS	al Far	OF:				OWNES
B 2 2 2	_					0-0-			5 yacrs
× (d _ =	ERTIFICATION	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE	Blas	ae			Jyaci-
OX e be e sician prior to	¥.	cause. Enter UNDERLYING							
phy phy	Ħ	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):							
eath certifica attending phy tral Hygiene I	F	resulting in death) LAST	4						
	S								
ORDS, that the dea led by the att th and Menta any Injury,	EDICAL	PART II. Other algnificant condition	a contributing to death	but not resulting	g in the under	ying causa given in	Part I. 24s. WAS	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ORD s that the ned by the fith and M	용						1 =	S 2 M NO	COMPLETION OF CAUSE OF DEATH?
Sign Sign Market									1 WES 2 NO
F VITAL RE SICIAN: The faw requ certificate has been the State Dept. of h	- X	DID TOBACCO USE	CONTRIBUTE TO	CAUSE	OF DEATH	YES N	0 1		
VITAL IAN: The law ritificate has b ie State Dept. or item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			2	B. PLACE OF DEATH (C)	heck only one)	_	
/IT IN: TI ficate State State	Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	tostlant 3 🗆 DO	OTHER:	Nome 5 Nasidence	6 C Other (Smarth)		
OF VITA PHYSICIAN: The this certificate ha with the State D	_	27. MANNER OF DEATH	28a. DATE OF INJURY			INJURY AT	28d. DESCRIBE HO		RED
NG PHYSICI frer this cer eath with th marked, c	۵.	1 Natural 5 Pending	(Month, Day, Year)		INJURY	WORK?			
L) 5 4 5	ВУ	2 Accident Investigation	28e. PLACE OF INJUR	Y At home fee			201 LOCATION (Or		D-10-4-1-4-1
VISION ATTENDING ECTOR: After s after death	B	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spe	ecity)	n, street, sectory,	ornice	City or Town, S	tate)	Rural Route Number,
DIVISION L OR ATTENDING F DIRECTOR: After 1 hours after death item 28 is mar	Щ	29a, CERTIFIER							
D TAL O	PL	(Check only	CIAN: To the best of my know						
SPIT NER Ann 7	COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of examination	on end/or investig	ntion, in my opinio	in, death occured at the	time, date and place	, and due to the c	cause(a) end manner ee stated.
E HO d wit		296. SIGNATURE AND TITLE OF CERTIFIES	nem.			29c. LICENSE NU		29d. DATE S	SIGNEO (Month, Day, Year)
TO THE HOSPITAL OF THE FUNERAL IS DE filed within 72 h	BE (noman	Lolkota			726	385-		7/14/94
	5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF O	EATH (ITEM 27) (7	/pe, Print)	T.J.	actminat		D 21157
(2)		Norman I. Gold	stein M 1	21:	R Wach	ington H	coumins!	ver, Ill	Contor
	1		32. REGISTRAR'S SIGI	NATURE	masil.	Ington n	EIRHUS I	reucal	center
		31. JULET 4 1994	ali Danden /	while					

C.

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be not state. Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	
THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	TANT: If Item 28 is m
TO THE	TO THE	MPOR

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAN		CENTIF	ICATE OF	DEATH	REG. NO			
	t. DECEDENT'S NAME (First, Middle, Last)	H. McCr	ovu		1983	2. DATE OF DEATH D	"z / 9 %	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	2111	0110111		
	187128506 1×M2□F 71 YRS. 18				HOURS MIN.	(Month, Day, Year) Cou		SIRTHPLACE (State or Foreign Country)	
1	9s. FACILITY NAME (If not institution, give :	street and number)		96. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH	
R C	VA Medical Ce	nter		BALT	IMORE				
15	RESIDENCE OF DECEDENT								
DIRECTOR	Maryland 10b. COUNT	Harford	10c. CI1	Y, TOWN OR LOC	TOWN OR LOCATION Aberdeen			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
1 1	10e. STREET AND NUMBER						10a CITIZEN	OF WHAT COUNTRY?	
FUNERAL	811 Adams Aver	nue			21001			USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED		NAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-			RACE — American Indian, Black, White, atc.	
B⊀	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 Y YES IF YES, GIVE WAR OR D WW II &	Korea		If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: White, stc. Specify:				
TED	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S	work done durina i	TION most of working	16b. KIND OF BU	SINESS/INDUST		
COMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5+)		0.50	r/US Army Career Military				
ő	17. FATHER'S NAME (First, Middle, Last)				-	AME (First, Middle, Maiden			
	Charles	McCrory				Martha	Range		
96	19a. INFORMANT'S NAME (Type/Print)	1100101	19b. MAILING	ADDRESS (Stree	t and Number or Burel	Route Number, City or Tow			
임	Yoshiko T. McC	rory							
			. PLACE AND DATE		Avenue		CATION — City		
	20e. METHOD OF DISPOSITION 1	Me	netery, crematory or centro Crei	other plece) natory.	Inc. 7			ore, MD	
	21. SIGNATURE OF FUNDALL SERVICE LIC	CENTER! May	Le	22. NAME	AND ADDRESS OF F				
	George E.	MacNabb		299	Freedri	ck Road	Ralto	, MD 21228	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause List only one cause on e	ech line.	,	node of dying, suc	ch as cardiac or resp	Iratory arrest,	Approximata interval Between Onset and Daath	
NO	DUE TO (OR AS A CONSEQUENCE OF): Hyperkaleuma 121 Sequentially list conditions,								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING Due to (or as a consequence of): Thrombosed Aprilo - la fem. co. 14							?	
RTIF	CAUSE (Disease or Injury that Initiated events resulting in death) LAST Sud Stace Lune Di Sease								
B	No. of the second secon								
EDICAL	PART II. Other algolificant condition	in the underly	derlying cause givan in Part I. 24a. WAS AN A PERFORM			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
Σ								OF DEATH? 1 YES 2 NO	
Z									
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only one)			
YSI	1 YES 2 NO	1 Inpatient 2 ER/Outs	patient 3 DOA		ome 5 🗆 Residence	8 Other (Specify)			
Y PHYSICIAN:	27. MANNER OF DEATH V Netural 5 Pending Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIN	JURY V	NJURY AT YORK?	28d. DESCRIBE HOW	NJURY OCCURE	ED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	' — At home, ferm,	street, factory, of	lice	281. LOCATION (Street City or Town, State)	and Number or R	ural Route Number,	
MPLET	and the second s	ICIAN: To the best of my know							
8		ER: On the basis of examinatio		en, m my opinion.				1	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R \			29c, LICENSE NU	MBER	29d. DATE SIG	NED (Month Day, Year)	
10	30. NAME AND A DRESS OF PERSON W	10 COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	B. 14	4 -0 0	Ma. 1.	1 20		
	31. DATE FILED (Month, Day, Year)	1 32 HEORSTRAR'S SIGN	ATURE .	04111	nell,	Many la	0 4		
	JUL 1 4 1994	Juli Danden Ra	بالمال			15.3			

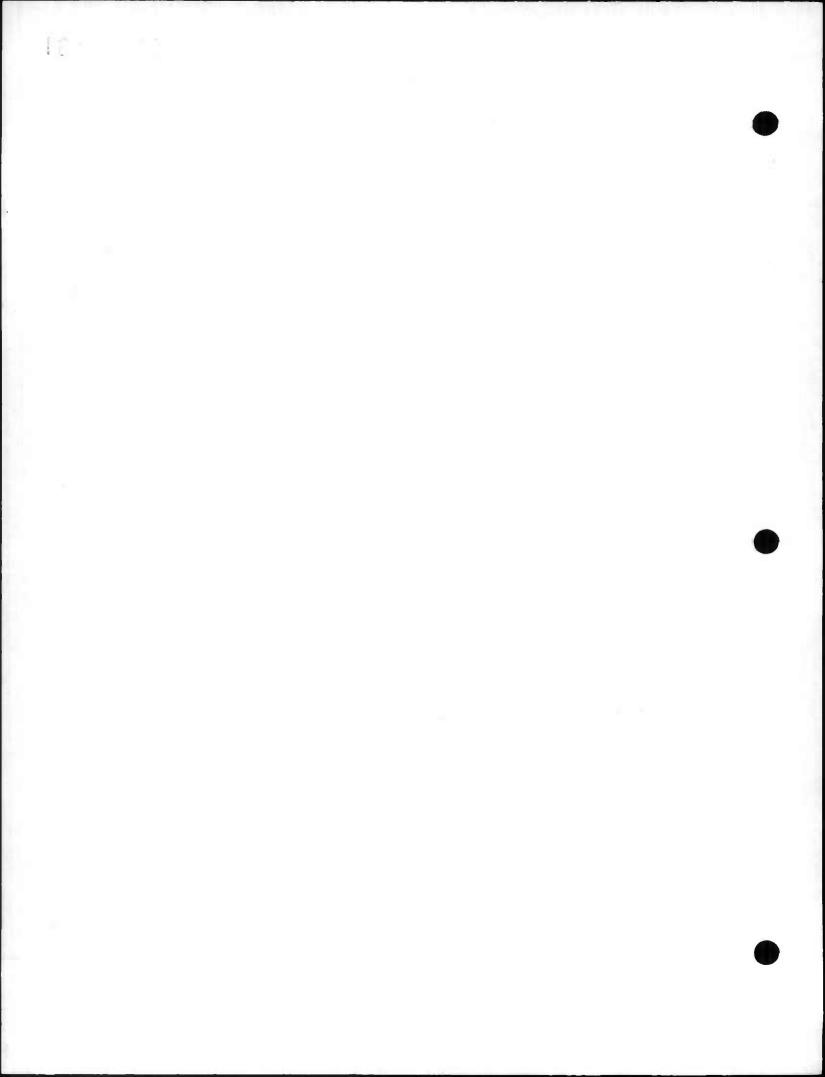
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

٠,		
BOX 68760,		
\simeq		
യ		
~		
-		
œ		
10		
w		
×		
_		
C 3		
_		
m		
_		
$\overline{}$		
u		
Τ,		
ο.		
₩.		
- O		
	•	
ഗ		
-		
ப		
=		
ш		
_		
r s		
\sim		
()		
\smile		
lii		
RECORDS.		
m		
-		
_		
æ		
~4		
VITAL		
•		
_		
>		
OF		
÷		
$\overline{}$		
v		
7		
Ф,		
\frown		
\smile		
-		
M		
~/		
_		
>		
DIVISION		
\sim		
ш.		
_		

DISION OF VIEW DECONDS, T.O. BOX 80700,	BALLIMORE, MARTLAND ZIZIS-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
MPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ne medicai examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIE			
	DECEDENT'S NAME (First, Middle, Last)	Alfred J	oseph	Mc Caffr	ey	2. DATE OF DEATH MONTH JULY 12	, 1994 EAF	3. TIME OF DEATH	
	219-03-0727	⊠ M 2 □ F 80	in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 25,	8. BIF	nthplace (State or Foreign intry) aryland	
TOR	96. FACILITY NAME (If not Institution, give street 5508 Elsrode RESIDENCE OF DECEDENT				altimore		9c. COUNTY OF	DEATH	
DIRECTOR	100. STATE 100. COUNTY Maryland		10c. CIT	TY, TOWN OR LOCAL	altimore	City		10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 5508	Elsrode Ave	nue	10	. ZIP CODE	1214		ed States	
Β¥	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 K) YES IF YES, GIVE WAR OR DO	2 NO	If yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Bi	ACE — American Indian, ack, White, atc. White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	ollege (1-4 or 5+)	(Give kind of life. Do NOT u		st of working		SUSINESS/INDUSTRY	'	
BE COMP	17. FATHER'S NAME (First, Middle, Last) Harry F	4	cCaffrey	Supervisor -Social Serv. City & State 18. MOTHER'S NAME (First, Middle, Melden Sumeme) CCaffrey Edith Viola Kopp					
TO B	190. INFORMANT'S NAME (Type/Print) Mr. Earl P. Gallag			ADDRESS (Street of as #10a		Route Number, City or T			
	20a METHOD OF OISPOSITION 1 A Burlet 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	W		of disposition (Na Cemeter)	7-16	5-94	LOCATION — City or Baltimore	Town, State Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENT	Knight	Li	5305	io address of FA Harford	Rd. Balt	d J. Ruc imore, M	,	
N	23. PART I. Enter the diseases, of companies, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	pplications that caused tonly one couse on e	tage	COP	de of dyling, auc	h aa cardlac or ree	plratory erreat,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d.								
MEDICAL	Ischemic Cardompopothy Performed? 1 yes 2 No OF DEA							Ab. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IAN:	DID TOBACCO USE CO		CAUSE OF		ES NC	-			
BY PHYSICIAN: MEDIC		OSPITAL: Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIR	E OF 28c. IN.		6 Other (Specify) 28d. DESCRIBE HOV	Y INJURY OCCURED		
입	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route City or Town, State)				al Route Number,			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: (e(s) and manner as stated.	
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	Dr	20		29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year) -13-94	
	Dr. Robert Y. Hsia	O, M.D.	601 Loc		Blvd. B	altimore,	Marylan	d	
	JUL 1 4 1994 J	Sender M	itut;						





0	
22	
Ö	
က်	
21	
2121	
0	
AND	
A	
7	
B	
A	
Σ	
шî	
ď	
ō	
≦	
Η.	
A	
B	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	O THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount with the same form. The same form the hospital or attending physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the name infector, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
F F Z =	2	2	be f	MI	

phone

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle Catherin					2. DATE OF DEATH MONTH DATE OF THE PROPERTY OF		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 189 24 3818	4. SOCIAL SECURITY NUMBER 1. SEX 1. SEX 1. M 2 DEX						
TOR	9a. FACILITY NAME (If not instituted 1503 Patti:	son Road		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY OF	
DIRECTOR		Baltimore	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 100
FUNERAL	100. STREET AND NUMBER 1503 Pati	tison Read		10	r. ZIP CODE 21 22]	ı	10g. CITIZEN OF	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s		NIC ORIGIN? (Specify Yearin, Puerto Rican, etc.)	Blac	E — American Indian, ck, White, atc.
COMPLETED	15. DECEDEN (Specify only highe Elementary/Secondary (0-12)	T'S EDUCATION est grade completed) College (1-4 or 5+)	(Give kind of	USUAL OCCUPATION work done during most of working se retired.) Home				
BE COM	17. FATHER'S NAME (First, Middle, William T	Lest) hompson			_	ME (First, Middle, Meiden	Sumeme) Hisler	
10	190. INFORMANT'S NAME (Type/Pr. Alfred McD		19b. MAILING 1503	ADDRESS (Street	and Number or Rural	Route Number, City or Tow Baltimore,	n, State, Zip Code) Maryland	21221
	20a. METHOD OF DISPOSITION 1 Burlet 3 Cremition 3 4 Donation 5 Other (Special Management of Control	Removal from State	Ob. PLACE AND DATE emetery, crematory or o	22. NAME A	ND ADDRESS OF FA	s7/13/94 F	lome PA	County, Md.
CERIIFICATION	23 PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on aech line. Approximate interval Between Onset and Dasth of the cause or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 YES 2 NAVI. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?		CAUSE OF		LACE OF DEATH (Ch			
BY PHYS	1 YES 2: NO 27. MANNER OF DEATH 1 Natural 5 Pendle 2 Accident Invest	1 Inpetient 2 ER/Ori	IE OF 28c. IN	JURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED		
- 1	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Rou City or Town, State)							Route Number,
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(a) and manner as stated. 29s. SIGNATURE AND TITLE OF CERTIFIER 29s. SIGNATURE AND TITLE OF CERTIFIER							
100	Xamo.	SON WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type	. Print)	29c. LICENSE NUI	048	> 7/	11 19 4
	JUL T 1994	J. SEN 32. BEGISTRAR'S SIG July Davidson Ja	OIL OF	N	Pr bo	Born	u M	21220

01/08

"Language ... And "se 's

THE SE ARTH SOL PIT

4-3.7

teol nolidiri Forl

ence ld.Entl be

buch nearttan fort

 $\mathbb{Z}X$

.

Ketsi

....

ACESHOOL MARCE

of real Manager

E 1972 See

(ML)

to Late on Predata

THE . I THE

· THE STATE OF STATE

India configurate amounts India, the months of The I

of the bill benefits derient the nitteen to direct the siles

Hermadistrated Funeral Home Pa 1407 Fastern Ave. Haltform, Fd. 21223

0
N
0
0
Ś
-
12
<u></u>
64
Z
AND
3
>
œ
4
2
W
Œ
0
5
-
_
F

	4
-	
0	1
, P.O. BOX 6876	
-	
00	
10	
0	
~	
0	-
~	
w	
	j
0	•
$\mathbf{\circ}$	
•	
-	
-	
10	
0,	
~	
-	
0	
\sim	
O	
111	
-	
Œ	
-	
_	
es.	
_	
>	
ш.	
\circ	
-	
-	
N OF VITAL RECORDS,	
0	
\simeq	
10	
U)	
=	
DIVISION	
=	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, List)	RGG B	CRS,	Sr		MONTH 7/					
	4. SOCIAL SECURITY NUMBER		MC	F UNDER 1 YE	7	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State of Country)			
	217-01-5841	1 M 2 D F	75	YRS.	8/7/18			Maryland			
œ	9a. FACILITY NAME (If not institution, give					WN OR LOCATION OF	DEATH	9c. COUNTY OF DEATN			
DIRECTOR	Summit Nursing F	lome			Caton	imore					
SE I	10a. STATE 10b. COUNT	гү		10c. CITY, T	TOWN OR L	OCATION			10d. INSIDE (
ă	MD Balt	timore		Ark	outus			1 TYES 2			
AL	10e. STREET AND NUMBER			1.0	101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY			
E	1259 Poplar Aver	nue				21227	U.S.A.				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 D IF YES, GIVE WAR	XYES 2 NO	MED D	If you	DECENDENT DF NISP a, specify Cuban, Mexi YES 2 NO Specific	ANIC ORIGIN? (Specify) can, Puerto Rican, etc.) offy:	fes or No.— 14.	RACE — American Black, White, etc. Specify: White		
<u> </u>	15. DECEDENT'S EDU		16a. DEC	CEDENT'S US	UAL OCCUI	PATION	16b. KIND OF B	USINESS/INDUST			
ᇤᅦ	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give	ve kind of work Do NOT use n	k done durin etired.)	g most of working					
	6	,	Sai	les			Real E	state			
COMP	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S	IAME (First, Middle, Maide				
ш	John Joseph Meye	ers				Myrtle	Ohma Watt	S			
<u></u>	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DORESS (Str		I Route Number, City or R		de)		
임	Glenn Meyers		1:	259 Pc	oplar	Avenue.	Arbutus, M	D 21227	7		
	20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Ran	novel from State	20b. PLACE All cemetery, crem	ND DATE OF	DISPOSITIO			OCATION — City			
	4 Donation Cother (Specify)	MOVER FROM STEEL			rk Ce	meterv	7/15 Ba	ltimore	. Marvla		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LOUDON Park Cemetery 7/15 Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home, I										
	1328 Sulphur Spring Rd., Arbutus, MD 21.										
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
IFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c		UENCE OF):	D'W	radil					
ERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c		UENCE OF):	D' Wen	e Her	-pter-	P			
CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	OR AS A CONSEOL	DENCE OF:	D W Jan	l Her	n Part I. 24e. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPS		
CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSEOL	DENCE OF:	D W Jan	l Her	n Part I. 24e. WAS	AN AUTOPSY ORMED?	AMAILABLE PR		
EDICAL CERTIFICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	OR AS A CONSEOL	DUENCE OF): J J DUENCE OF): Substituting in the substitution in the substituting in the substitution in	D Very the under	l Her	n Part I. 24e, WAS / PERF	AN AUTOPSY ORMED?	AMAILABLE PR COMPLETION OF DEATH?		
MEDICAL CERTIFICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition	C. DUE TO (O	OR AS A CONSEON	DUENCE OF): J J DUENCE OF): Substituting in the substitution in the substituting in the substitution in	D Very the under	l Her	n Part I. 24e, WAS / PERF	AN AUTOPSY ORMED?	AMAILABLE PR COMPLETION		
MEDICAL CERTIFICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	OR AS A CONSEON	DENCE OF): DENCE OF): DENCE OF): DENCE OF):	Den the under the under the f	l Her	n Part I. 24e. WAS / PERF-	AN AUTOPSY ORMED?	AMAILABLE PR COMPLETION OF DEATH?		
SICIAN: MEDICAL CERTIFI	if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (O	eath but not re	DOA 4	the under the un	l Hen Tying cause given in NG feed 18. PLACE DF DEATH (1) Home 8 Residence	n Part I. 24e. WAS J PERF 1 VES	AN AUTOPSY ORMED?	AVAILABLE PR COMPLETION OF DEATH?		
PHYSICIAN: MEDICAL CERTIFIC	if airy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMMER?	DUE TO (O d	enth but not re	DOA 4	the under the un	Ityling cause given in the second of the sec	n Part I. 24e. WAS / PERF 1 U YES Check only one) a U Other (Specify) 28d. DESCRIBE NOV	AN AUTOPSY ORMED? 2 PNO	AMAILABLE PR COMPLETION OF DEATH? 1 YES 2		
TED BY PHYSICIAN: MEDICAL CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending	DUE TO (O d	eath but not re	DOA 4	the under the un	Ityling cause given in the second of the sec	n Part I. 24e. WAS J PERF 1 YES	AN AUTOPSY ORMED? 2 DENO	AMAILABLE PP COMPLETION OF DEATH? 1 YES 2		
MPLETED BY PHYSICIAN: MEDICAL CERTIFIC	if amy, leading to immediate cause. Enter UNDERLYING CAUSE. Clisease or injury that initiated events resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (O d	eath but not re The Constitution of the Const	DOA 4 28b. Time C injury ine, larm, stre	the under the un	Itying cause given in the second of the seco	n Part I. 24e. WAS / PERF 1 YES Check only one) a Other (Specify) 28d. DESCRIBE NOV 28f. LOCATION (Street City or Town, Steet) use to the cause(a) and m	NA AUTOPSY ORMED? 2 DENO V INJURY OCCUR at and Number or interpretation.	AMAILABLE PF COMPLETION OF DEATH? 1 YES 2 RED Rural Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	if amy, leading to immediate cause. Enter UNDERLYING CAUSE. Clisease or injury that initiated events resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (O d	eath but not re The Constitution of the Const	DOA 4 28b. Time C injury ine, larm, stre	the under the un	Itying cause given in the second of the seco	n Part i. 24e. WAS / PERF 1 VES Check only one) a Other (Specify) 28d. DESCRIBE NOV 28f. LOCATION (Street, Street, Street	AN AUTOPSY ORMED? 2 JUNO V INJURY OCCUR at and Number or in	AMAILABLE PR COMPLETION OF DEATH? 1 YES 2 RED Rural Route Number,		
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (O d	eath but not re Herry ER/Outpatient 3 [NJURY All homes INJURY All homes	DOA 4 28b. TiME C INJURY The larm, streeth occurred at the o	the under the under the under the under the under the under the lima, in my opinion	Itying cause given in the second of the seco	n Part i. 24e. WAS / PERF 1 VES Check only one) a Other (Specify) 28d. DESCRIBE NOV 28f. LOCATION (Street, Street, Street	AN AUTOPSY ORMED? 2 JUNO V INJURY OCCUR at and Number or in	AMAILABLE PR COMPLETION OF DEATH? 1 YES 2 RED Rural Route Number,		

1 - FOR STATE REGISTRAR

ш
o.
P.0
0
40
9)
Œ
0
O
Ш
Œ
_1
A
F
=
14.
0
7
5
\leq
S
5

		1. DECEDENT'S NAME (First	Middle, Last)	No	rd	,						2. DATE	OF DEATH		YEAR 964	TIME OF DEATH
		4. SOCIAL SECURITY NUME	HER	5. SEX		n yrs. last t		IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	(Month	OF BIRTH , Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
pinc		451-14-6795 90. FACILITY NAME (If not in	ethator obe s	1 M 2 F	7	77	YRS.		TOMBI							esota
, 3 should	E C	Charlestown			mmuni	itv	96. CITY, TOWN OR LOCATION OF DEATH Catonsville						9c. COUNTY OF DEATH Baltimore			
2,	וּמֵ	RESIDENCE OF DEC					10c, CITY, TOWN OR LOCATION									
physician. burial-transit permit. Pages 1, 2,	DIRECTOR	MD	Balit			Catonsville							LIMITS?			
permit	A	10e. STREET AND NUMBER						00110		H. ZIP COD	E			10g. CIT		
an. Transit	FUNERAL	707 Maiden	Choice							21228						
hours after death. Page 6 may be retained by the hospital or attending physician, bd in by the funeral director, page 5 should be detached for use as the buriat-tran or removal. medical examiner must be notified at once.	BY	1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YE\$	2 V NO		- 1	f yes, s		en, Mexica	n, Puerto R		or No—		White, etc.
al or atten for use as	TE		EDENT'S EDU			(G/ve	hind of w	USUAL Of	CUPATI	ION ost of worki	ng	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
pital o	PLET	Elementary/Secondary (6	12)	College (1-4 or 5	+)	Cle	NOT us	e retired.)							_	
the hospita detached once.	COMPL	17. FATHER'S NAME (First, M	iddle, Last)			CIE	TV			18. MOT	NER'S NA				ernne	OC
retained by 1 5 should be notified at	BE (John Dahlgr								Adi	na P	erso	0			
5 should	2	19a. INFORMANT'S NAME (7	iype/Print)								Dept of this panic or purpose of the control of the					
page if be		Philip Nord	ION			PLACEAN	DDATEO	F DISPOS			en be	_				, Stata
death. Page 6 may be funeral director, page xaminer must be		1 Neurial 2 Crematic 4 Donation 5 Other	stery, cremi oseda	atory or other	Ceme	tery	У		7/1	4 Ros	edal	e Wes	t Virginia			
death. Pag tuneral dir i. examiner		21. SIGNATURE OF PRINCIPA	BEHVICELU	ENSEE								AGUN Ambrose Funeral Home, Inc.				
s after dea to by the fur removal.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate														
ed within 24 completely fille al, cremation, event, the		shock, or h IMMEDIATE CAUSE (Fir disesse or condition resulting in death)	aart fallure.	a.	(OR AS A	S C	- 1	-10					200 200			interval Between
ficate be execut physician and one prior to buri ter traumatic	RTIFICATION	Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju	diate NG	DUE TO (OR AS A CONSEQUENCE OF):									4/7			
he death certificat the attending phy Mental Hygiene p Ijury, or other	CERTIF	that initiated events resulting in death) LAS		DUE TO (OR AS A CONSEQUENCE OF): d.												
equires that the en signed by the of Health and Me hows any inju	MEDICAL	PART II. Other algnifica	nt condition	a contributing to	death bu	it not res	suiting i	n the un	derlyin	ng cause	given in	Part I.		MED?	0	MILABLE PRIOR TO
has be Dept.	AN	25. WAS CASE REFERRED TO	D MEDICAL				_		44 B	ACE OF F	PATH OL	eck only on				
SICIAN: The certificate h the State if or Item	YSICIAN:	EXAMINER?		HOSPITAL:	☐ ER/Outpa	itlent 3	DOA	OTHER 4 Num	t:			6 C Other			•	
DING PHYSICIA After this certification with the smarked, or	BY PH	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 1 Accident Investigation						28b. TIME OF INJURY AT WORK? M 1 YES 2 NO				26d. DESCRIBE NOW INJURY OCCURED				
L OR ATTENDING F DIRECTOR: After I hours after death	ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural City or Town, State)									r or Rural Rou	te Number,				
4 12 E	COMPL	onel		CIAN: To the best of R: On the basis of a												nd manner as stated.
TO THE HOSPITE TO THE FUNERA DE filed within 7 IMPORTANT: I	TO BE	29b. SIGNATURE AND TITLE	2	1	m	0				0:	34	MBER 29d. DATE SIGNED (Month, Day, ▶ 7 / 1 / 9 4			94	
		30. NAME AND ADDRESS OF	Year)	22, REGISTRA	in V	41	27) (Type,	Print)	N	14/	de	C	40,00	(4	:40 2	1129
		JUL 1 419	994	This Dan	the N	للوائدة					_					DHIM IS Boy 10

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REG. NO.

-	
_	
10	
w	
.	
, -	
68760	
œ	
_	
-	
BOX	
_	
$\overline{}$	
\smile	
2	
ш	
$\overline{}$	
\smile	
-	
σ.	
P.0.	
_	
10	
U ,	
$\overline{}$	
_	
_	
Œ.	
=	
$^{\circ}$	
\smile	
۲١	
RECORDS	
ш	
-	
ᄮ	
_	
VITAL R	
ч.	
_	
_	
_	
State of the last	
_	
11	
-	
$\overline{}$	
$\overline{}$	
_	
=	
$\overline{}$	
\smile	
_	
10	
w)	
INISIO	
-	
ш.	

FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 5.48 Am mark wh 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 216-05-6038 81 5/27/1913 MARYLAND burial-transit permit, Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimere DIRECTOR nai RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE BALTIMORE 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21215 6962 MILBROOK PARK DR., APT. 1-D USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) t4. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: B the 3 X Widowed 4 Divorced WHITE for use as COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE ATHOME detached 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (F BESSIE (First, Middle, Meiden Surname) **GOLDMAN** MORRIS PAUL 7 should be BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ALLAN PLIMACK 6616 DEANCROFT RD. BALTIMORE, MD ours after death. Page 6 may be 90 20e. METHOD OF DISPOSITION

| Burlal | 2 | Cremetion | 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Sinte must filled in by the funeral director, COMSHAARET TFILOH 7/12/94 BALTIMORE, MD 4 Donation 5 Other (Specify) medicai examiner 21. SIGNATURE OF EUNERAL SERVICE LICENSEE SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximete shock, or heart fellure. List Dnly Dne cause Dn each line. cremation, or **IMMEDIATE CAUSE (Final** Onset and Death the disease or condition this certificate has been signed by the attending physician and completely with the State Dept. of Health and Mental Hygiene prior to burial, crematit reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUE executed CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING 3 Hert 21 at Deal Severe an CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initisted events resulting in death) LAST 0 PART ii. Other significant conditions contributing to deeth but not reaulting in the underlying cause given in Part i. MEDICAL AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? Shows 1 TES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN: WE 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) Item **EXAMINER?** HOSPIDAL: OTHER: 1 YES 2 NO ò 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 11 Natural t TYES 2 NO DIRECTOR: After the nours after death was BY 2 Accident OR ATTENDING 28e. PLACE OF INJURY — Al home, ferm, streel, fectory, office building, atc. (Specify) 69 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 28 4 Homicide Hea 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end pieca, and due to the cause(s) end manner es stated. FUNERAL pithin 72 t = 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner as stated. H 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) esen 11 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Desar and MOLA 32. REGISTRAR'S SIGNATURE **DHMH-16 Rev 1/89**

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

88. | |

.

0	,
LAND 21215-0020	
0	
0	
	ì
<u>u,</u>	
	1
-4	
_	
r 4	Ì
\Box	1
7	
	•
۹,	
>	
œ	
d	
_	,
2	*
85	
ш	ľ
2	ı
$\overline{}$	ľ
\cup	
5	
_	ď
BALTIMORE, MARYL	1
	4.4
-	1
-	1
ш	4
	-

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within who have been set of the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPARTM				YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)	D. T. Q	UARL	ES.		2. DATE OF I	DAY	YEAR .	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (In	yrs. last birthday) . #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, Day	URTH		ACE (State or Foreign		
	213-10-6104	M2 F 7	YRS.			Oct 2	4 1918	Vi	rginia		
DIRECTOR	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Liberty Medical Center Baltimore										
EG	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d										
	Maryland 100. STREET AND NUMBER		Ba1	Baltimore 101, ZIP CODE					LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?		
EH/	2819 Grantley Av	zenue			2121	15	100	USA	. 000111111		
BY FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, OIVE WAR OR DATE	2 NO	If yea, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 NO Specify	NC ORIGIN? (S		14. RACE	American Indian, hita, atc.		
	15. DECEDENT'S EDUCATIO	in I	ISA. DECEDENT'S USU	AL OCCUPATION	IN .	16h KIN	D OF BUSINESS/INC	HIETOV	Black		
COMPLETED	(Specify only highest grade comp	lieted)	(Give kind of work life. Do NOT use ret	done during mo	st of working	100. (114	O OF BUSINESS/INC	JOSINI			
	High School		eather/Su	iede F	inisher		Self-en	ploye	d		
5	17. FATHER'S NAME (First, Middle, Last)						e, Meiden Surname)				
BE	William Quarles 19a. INFORMANT'S NAME (Type/Print)						Jackson				
2	Richard Quarles		9711 Wir				City or Town, State, Zip		and 21122		
	20a. METHOD OF DISPOSITION	20b. P	LACE AND DATE OF D			DATE	20c. LOCATION -		and 21133		
	1 X Burial 2 Cremation 3 Removal f 4 Donation 5 Other (Specify)		ng Memori	ial Pai	-k	7/16					
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mutter Funeral Homes. Inc.									
	Munne Ti	Paller		2301	Gwylli S 1	arre i	alkway				
	23. PART I. Enter the diseases, or comp	Baltimore, Maryland 21216 23. PART I. Enter the diseases, or complications that cadsed the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, ahock, or heart fallure. List only one cause on each line. Approximate interval Between									
	IMMEDIATE CAUSE (Final			1					Interval Between Onset and Death		
	disease or condition resulting in death) a	PNUM		3							
		DUE TO (OR AS A C	CONSEQUENCE OF):								
5	Sequentially list conditions,										
HIFICATION	If any, leading to immediate Cause. Enter UNDERLYING CAUSE (Disease or injury c										
	that initiated events resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CEH	d										
AL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF										
HYSICIAN: MEDIC											
Z	DID TOBACCO USE CON	ATRIBUTE TO C	AUSE OF D								
3		SPITAL:		HER:	ACE OF DEATH (Ch						
Ë	27. MANNER OF DEATH	Inpatient 2 ER/Outpati	28b. TIME OF		● 5 ☐ Residence		ecity) SE HOW INJURY OC	CURED			
BY P	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WO	RK? 'ES 2 NO						
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
COMPLEIED	290. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the best of my knowled	ios, death occurred at	the time date	and place, and due	to the councin) and manner on the	lad			
Ē	(Check only one) 2 MEDICAL EXAMINER: On								d menner ea stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	MAFR	29d DAT	F SIGNED (M	onth Day March		
DE C	R-m. shal -	~2.			D196	868		7-13	-94		
2		R-n. Shar -2. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) R.M. SHAH M.D., 2660 LIBERTY ht AVE, Baltimore, ND.									
		32. REGISTRAR'S SIGNAT	URE		•						

	- 1
	- [
should	
ro .	- 1
οî	- 1
-	- 1
Pages	Ì
permit.	
burial-transit permit	i
the the	
as	
use	- 1
d for use	
9	- 1

8

0

30 NAME AND ADD

31. DATE FILED

hi

ESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

MI

9

IIVISION OF VITAL RECORDS, P.O. BOX 68760

ATTENDING PHYSICIAN: The law requires that the death certificate be

ass		
use		
10		
hed		må.
etac		Duce
96		at o
Pa		pa
Sho		=
5		9
pag		l be
TDR: After this certificate has been signed by the attending physician and completer, wifed in by the funeral director, page 5 should be detached for use as		28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
dir		-
erai		min
fu	١,	exa
the	Oval	le:
5	rem	edic
Pa	, 0	8
100	rtion	the
lete	еше	at,
E O	I, Ci	2
D D	Suria	dic
n ar	9	E
sicia	rior	In
F	ne p	Jer
guit.	ygie	5
rtend	al H	0
e a	Jent	S.
by th	pu	E
pa	th a	all
Sign	Hea	X
een	of	Sho
as b)ept	g
te h	ite C	8
fica	St	=
cert	the the	0,
this	after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	rked
ffer	eath	ma
A. A	ar de	80
2	afte	80

after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

94 20537 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH ROSS DAY 05 YEAR 94 ERMan 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In urs last hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year a. BIRTNPLACE (State or Fo DAYS HOURS 5-4-1942 1 😡 M 2 🗌 F CHESTER, PA. 214-40-3434 9e. FACILITY NAME (If not institution, give atreet and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR BALTIMORE CITY FRANCIS SCOTT KEY MEDICAL CENTER RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY ARYLAND BALTIMORE CITY 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21224 6154 EAST PRATT STREET USA. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerlo Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) SANITATION DEPT. (BALTO. CITY) UNKNOWN LABORER 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) ROSS **HERMAN** VERMA FIELDS BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SMITH GEORGETTA 2535 W. LOMBARD STREET, BALTIMORE, MARYLAND 21223 20e. METHOD OF DISPOSITION

1\(\hat{\chi}\) Burlel 2 □ Cremetion 3 □ Ramoval from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State WESTERN STAR CEMETERY CATONSVILLE, MARYLAND ME OF FUNERAL SERVICE LICENSEE JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD.21223 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert failura. List only one cause on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Final** diseese or condition Hemorr resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) ens CERTIFICATION Sequentisity list conditiona, OUE TO (OF)AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 KNO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: 1 TYES 2 10 NO inpstient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 🗡 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and man (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data TITLE OF CENTIFIER 29c. LICENSE NUMBER

29d, DATE SIGNED (Month, Day, Year)

9.500

94

requires that the death certificate be HOSPITAL DR ATTENDING PHYSICIAN: The law is FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. TO THE HOSPITAL
TO THE FUNERAL I
De filed within 72 h
IMPORTANT: If II 1 - FOR STATE REGISTRAR 10a. STATE Md.

DIRECTOR

FUNERAL

BY

COMPLETED

notified at BE

be

must

examiner

medical

traumatic event,

other

ò

any

Shows

23

0

marked.

.00

28

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2

funeral

filled in by the fution, or removal.

completely filled rial, cremation, the

attending physician and con ntal Hygiene prior to burial,

signed by the atter Health and Mental

been to

executed with

6

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN July 9, 1994 Lester August Rule 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. July 4, 1925 DAYS HOURS Pennsylvania 208 16 6000 M 2 F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN 3704 Patapasco Ave. Middle River Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Middle River Baltimore 1 YES 2 2000 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 3704 Patapasco Avenue 21220 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TO ES 2 NO IF YES, GIVE WAR OR DATES AT THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL T 11 MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, alc. II yee, specify Cuben, Maxican, Puarto Rican, etc.)

1 YES 2 Specify: 1 Never Married 2 Married Specifichite 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Supervisor Social Security 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname Lester E. Rule Marguerite Quell 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lillian B. Rule Wife 3704 Patapasco Ave. Baltimore, Md. 21220 20a. METNOD OF DISPOSITION 7/12/ Mc. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Burial 2 Cremation 3 Baltimore Mational Cometery Baltimore. Maryland 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Baltimore, Md. 21221 Sugar in that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arreat, Approximate shock, or hear interval Between Onset and Death IMMEDIATE CAUSE (Final DUE TO (OR AS A CONSEQUENCE OF): 2-3 W/5 resulting in death) 8-10 loke Extensive Sequentielly list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEDUENCE OF) 14-15mh Cer 4 mana ceuse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES X NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL 1 YES 2 NO tient 2 - ER/Outpetlant 3 - DDA 4 ☐ Nursing Home 5 X Rasidenca 8 ☐ Other (Specify) 27. MANNER OF DEATH 28b. TIME OF INJURY 28a, DATE OF INJURY 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO Investigation 2 Accident 28a. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Nomicide detarmined 29a. CERTIFIER (Check only one)

29a. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besia of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 7 OF DEATH (ITEM 27) (Type, Print) BALTIMORE MD. 2/222 15

- Ita

XX D008 81 805

. V 002333 1 1075

enomidici . H.

MILIMA COMMITTE, MATE

4.

XX

SVE . 148

voly 4, 1925 rennsylvenia

enorizing nevis sinipi

14

STORE THE

refrance Laiper contracts

Lieuw odposowan 112

tillian i wile wife 1970 latagasco ave caltimore to the

ensityman, enominie Varetery entriese, harvisse

All most forest following the party in the contract of the con 150" anatern Aws. Salitanore, St. Thora

	٠
	ı
DQ.	Sarith
4 68/60	Potritor
×	ha or
Z Z Z	Patra
j	corrie
, J	lasth
מ	the
7	that
- VII AL RECORDS, P.O. R	rachirac
_	1000
4	The
2 2	OD ATTENDING DUVCICIAN: The Insuranting that the death certificate he eventual with
DIVISION OF	TEMBRIC
2	A GO
_	Ť

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATN 3. TIME OF GEATH JULY 9, DAY 1994 YEAR 9:50 P ROSENTHAL **ESTHER** S. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH BIRTNPLACE (State or Foreign 6, AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 212-01-0940 1 | M 2 | F DAYS HOURS MIN. 372871916 MARYLAND should 9a. FACILITY NAME (If not institution, give street and number)
BELAIR CONVALESARIUM CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY MARYLAND BALTIMORE 1 TYES 2 TO NO ay be retained by the hospital or attending physician. page 5 should be detached for use as the bunal-transit permit. FUNERAL 10g. CITIZEN OF WHAT COUNTRY? USA 10s. STREET AND NUMBER 101. ZIP CODE 2300 GERARD CT. 13. WAS OECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5 +) CLERK U.S. GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)
REBECCA NATHAN GERSHOWITZ 70 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 MRS. LOIS ESTERSON 2300 GERARD CT. BALTIMORE, MD 21209 's after death. Page 6 may be to by the funeral director, page temoval. pe Xios. METHOD OF DISPOSITION

A □ Burtal 2 □ Cremation 3 □ Riv

A □ Donation 5 □ Other (Specify □ 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE must BETH EL MEMORIAL PARK 5 Other (Specify) 7/12/94 RANDALLSTOWN, MD examiner 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiec or reapiratory arrest, shock, or hast failure. List only one cause on each line. filled in by Approximate intervai Between 70 IMMEDIATE CAUSE (Final disease or condition Onaet and Death CANCOR METASTATIC the pietely 1 resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): and com CANCER OP traumatic CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disease or injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST 5 PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY MEDICAL Bipolar C-0-8-0 premix any signed | Health a 1 TYES 2 T NO OF DEATH? Shows 1 TYES 2 T NO Deen DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES TO NO TO PHYSICIAN: has by Dept. 25. WAS CASE REFERRED, TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Nome 5 Residence 6 Other (Specify) the 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED this (marked, INJURY 1 Natural 5 Pending Investigation 1 YES 2 NO В After 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6/0 6 Could not be COMPLETED DIRECTOR: hours after of 28 4 Nomicide Hem 29a. CERTIFIER
1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) MPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 4.0, Dunc D1714 0 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) nd BiUB-217/4 170

31. DATE FILED (Month, Day, Year)
JUL 1 4 1994

32. REGISTRAR'S SIGNATURE

Lune Savids

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

5

1

	1 - STATE REGISTRAR	IARYLAND / DEPAI CERTIF	RIMENT OF FICATE OF		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest) Ray Dziadek A	^	Seltzi		2. DATE OF DEATH DA	Y GYEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 098-16-9632 1 1 M 2 1 X F	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH OC. 15,1	a BIDT	THPLACE (State or Foreign
œ	90. FACILITY NAME (If not institution, give street and number) Holy Cross Hospital			or Location of De r Sprin	EATH	9c. COUNTY OF Montgo	DEATH
DIRECTOR	RESIDENCE OF DECEDENT	<u> </u>	PITVE	T PATTI	9	Montego	лиет у
H	10e. STATE 10b. COUNTY		TY, TOWN OR LOCA				10d. INSIDE CITY
	Maryland Montgomery 100. STREET AND NUMBER	51	lver S				YES 2 NO
FUNERAL	1121 University Blvd.	West #114	1,000	20902		U.S	what country?
BY		TEVER IN U.S. ARMED YES 2 NO AR OR DATES	If yee, a	CENDENT OF HISPAN pecify Cuben, Mexice S 2 NO Specify	HC ORIGIN? (Specify Yae in, Puerto Rican, etc.)	Bia	CE — American Indian, ck, White, etc. White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +	(Give kind of life, Do NOT u	s usual occupat work done during m use retired.)	ION ost of working	16b. KINO OF BUS	TITLEMENTO	
JWC	17. FATHER'S NAME (First, Middle, Lest)	Dean	ID CI COO	10 MOTHED'S NA	ME (First, Middle, Maiden		
BE C(Moshe Horowitz			Mirian	Laufer	MIRIAM LAU	JFER
10	190. INFORMANT'S NAME (Type/Print) Fred Dziadek				Route Number, City or Town Silver Sp		Md. 20902
	20a METHOO OF DISPOSITION Matter M	206. PLACE AND DATE				CATION — City or T	Town, State Iew York
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				n Funeral		
	Lisa D. Wil	lians	Fall	s Churc	h, Va. 22	2046	,
	23. PART I. Enter the diseases, or complications that shock, or haart failure. List only one cau	caused the death. Do se on each line.	not enter the m	ode of dying, auc	h aa cardiac or reapi	ratory arreat,	Approximate interval Between
	immediate cause (Final disease or condition resulting in death)	eniz bowe	el sund	One			Onaet and Death
							7 whs
TION	Sequentially list conditions, if any, leading to immediate	e catheroscion as a consequence of	clerosos OF):				yeurs
ICA	CAUSE. Enter UNDERLYING CAUSE (Disease or injury	OR AS A CONSEQUENCE O	APP.				
CERTIFICATION	that initiated eventa reaulting in death) LAST	On AS A CONSEQUENCE C	rr):				
	PART ii. Other aignificant conditions contributing to	death but not resulting	In the underlying	ng cause given in	Part I. 24a, WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS
DICAL	congestare heart doubt				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED							1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL						
SICI	EXAMINER? HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	LACE OF DEATH (Ch			
H	27. MANNER OF DEATH 28e. OATE OF	INJURY 28b. TIR	ME OF 28c. IN	ne 5 Residence JURY AT	28d. DESCRIBE HOW II	JURY OCCURED	
ВУР	1 Astural 5 Pending (Month, Da 2 Accident Investigation	ny, restr) in		ORK? YES 2 NO			ĺ
	3 Suicide 28e. PLACE O	F INJURY — At home, ferm, etc. (Specify)	atreet, fectory, offi	ce	281. LOCATION (Street e City or Town, State)	nd Number or Rural	/ Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of 2 MEDICAL EXAMINER: On the besis of as						(a) and manuar as stated
	29b. SIGNATURE AND TATLE OF ANTIFIER	-		29c. LICENSE NUM			D (Month, Day, Year)
TO BE	Miled AL	LR.		0292		► 7/8	194
F	Michael A. Lines of Person who completed cause	E OF OEATH (ITEM 27) (Type	o, Print)		y MD 2	09172	
		R'S SIGNATURE			, 0	0,0 =	

0.15

ctor, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

FUNERAL DIRECTOR

ВҰ

COMPLETED

BE

2

be notified at once.

must

medical examiner

1 - FOR STATE REGISTRAR

Page	dire	
TENDING PHYSICAN; The law requires that the death certificate be executed within 24 hours after death. Page	The Attention controlled has been signed by the attending physician and completely filled in by the funeral dire	
after	by the	тома
SUDOL	d in	Of re
E,	/ fille	tion,
within	npletely	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
urted	00	rial,
exec	and	o Pr
2	ician	ior t
cate	phys	e pi
certif	guip	Hygier
death	atter	ental
he	the	ž
hat t	7	and
uires t	Signe	Health
reg	eeu	ō
WE 3W	has b	Dept.
Ē	ate	tate
NC34	овище	#
ž	죝	ŧ
DING	After	death
E	CHOR	Ř

m 28 is marked, or Item 23 shows any Injury, or other traumatic event, the

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

FOR											2	0541	
STATE REGISTRAR		STATE OF W	IARYL	AND / CE	DEPAR	TMEN ICAT	T OF I	IEALTH AND I DEATH	MENTAL HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH		EAR	3. TIME OF DEATN	
		Elizabe				Schi	1pp		07 07				M
4. SOCIAL SECURITY NUMB		5. SEX		(In yrs. last	birthday)	IF UNDE	DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTNPI Country)	LACE (State or Foreign	
212 16 38		1 □ M 2 🔀 F	7	73	YRS.	- Working	DAYS	HOURS MIN.	11/14/192			yland	
9s. FACILITY NAME (If not in					-	9b. CIT	Y, TOWN	OR LOCATION OF DE	ATN	9c. COUNTY			
North Ar		Hospital				G1	en B	urnie		Anne	Aru	undel	
RESIDENCE OF DEC									T.				
10a, STATE	10b. COUNTY		_				OR LOCA	TION			1	10d. INSIDE CITY LIMITS?	
Maryland	Ann	e Arunde	1		Pa	ısad	ena				1	YES 2 NO	
10e. STREET AND NUMBER							10	. ZIP CODE		10g. CITIZEI	N OF WH	IAT COUNTRY?	
563 Sunse	t Knol	.1 Road						21122		U.	S.A.	•	
11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES			2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) Black, Whita, atc. 1 ☐ YES 2 NO Specify: Specify:				White, etc.						
15. DECI (Specify only	EDENT'S EDUC	CATION completed)		16a. DEC	8a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								
10th Grad	-12)	College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.) Store Clerk			Department Store						
17. FATHER'S NAME (First, MI								16. MOTNER'S NA	ME (First, Middle, Maiden	Surname)			
	W	Villiam T	. Bu	ıtts				Ida	da B. Butler				
19a. INFORMANT'S NAME (7)				19b	MAILING	ADDRES	SS (Street I	and Number or Rural F	Route Number, City or Town	n, State, Zip Co	ode)		\Box
Frederick	J. Sc	hilpp		56	63 Sı	unse	et Kn	oll Road	Pasaden	a, Mar	ryla	nd 21122	
20a. METHOD OF DISPOSITI 1 N Burial 2 Crematio 4 Donation 5 Other	n 3 🗆 Remo	oval from Stata	20b	PLACEA Petery, cres edar	NO DATE O	of DISPO	emete	arme of		CATION — CITY Ltimor		m, State Maryland	
21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE		- 4		22	NAME A	NO ADDRESS OF FA	CILITY				\dashv
George J. Gonce Funera 4001 Ritchie Hwy. Bal													
23. PART I. Enter the di shock, or he	seases or contract fallure. I	emplications that List only one caus	ceused se on e	the dec	eth. Do n	ot ente	r the mo	de of dying, auci	h as cerdiec or respin	ratory erree	t,	Approximate interval Between	en
iMMEDIATE CAUSE (Findisease or condition resulting in death)		A	w	hust	house of	va	a					Onset and Dea	
	_	LA 1 44		-		7-		1:010 1	cula d	1015	• •		

disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY PERFORMEO?

DID TOBACCO USE	CONTRIBUTE TO CAUS	SE OF DEA	ATH YES N	O T	DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)	
t Yes 2 No	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	DOA 4 Nu	R: rsing Home 5 - Residence	8 Other (Specify)	
27. MANNER OF DEATH t Netural 5 Pending Accident Investigation	28s. DATE OF INJURY (Morin, Dsy. Yer)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCUR	EO
3 Suicide 8 Could not be determined	28s, PLACE OF INJURY — At hom building, etc. (Specify)	e, form, etreet, fac	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

(Check only one) wiedge, death occurred at the time, data and place, and due to the cause(s) and m

29C LICENSE NUMBER 29b. SIGNATURE A TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, MI) 8 94

RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

EEM VASAN. ammond

31. DATE FILED (Month, Day. 32. REGISTRAR'S SIGNATURE 4

DHMH-18 Rev 1/89

5	the		
G DG	38		
all all	use		
e R	10		
Spi	hed		1
2	etac		nce
	Ď		10
5	P		9
allue	hou		Ě
2	S		10
y De	age		pe
E G	or, p		107
D S	rect		Ē
P.	D I		ner
dill.	nerz		Ē
5	e fu	-	EXS
dille	E ×	nova	caj
Sin	Q U	ren	Pedi
2	pel	1, 0	E
1	ly fil	ation	the
1	etel	еше	Ä,
2	dmo	5	2
COLE	D C	una	JE .
3	an	top	E
3	iciar	rior	Iran
Call	ohys	9	er
5	Bu	gien	oth
2 10	endi	H	6
nea	att	еща	Ě
2	the	Σp	를
B	D D	an(uy
B	gne	ealth	60
	II Si	Ĭ	WO!
A 16	bee	0.10	25
9	has	Pe	23
Ĕ	ate	tate	tem
MIN	Tiffe	e S	07
2	Cer	5	d,
E	this	Wil	rke
2	fter	eath	E
THE THINK PHISICIAN. THE LAW REQUIRES THAT THE DEALTH CHITCHE DE EXECUTED WITHOUT ATTENDED THE DEALTH. PAGE O HISY DE FRIAINED BY THE HOSPITAL OF ATTENDED	EATH After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	in the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	9	4	8
ı	*	4	E,

31. DATE FILED (Month, Day, Year)

	FOR 1 - STATE REGISTRAR	STATE OF M			MENT OF I	HEALTH AND	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)			SCHF	RAMEK		2. DATE MONT	OF DEATH	1 994	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216 32 4621	5. SEX 1 M 2 F	8. AGE (In yrs. las. 78≢		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH h, Day, Year) /11/19	15	Country	PLACE (State or Foreign
OR	96. FACILITY NAME (If not institution, give st Saint Joseph Hospi			9		SON, Man	EATH	11/13		Baltin	EATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Marriland Da1	timore			TOWN OR LOCA						10d. INSIDE CITY LIMITS?
	Maryland Bal 100. STREET AND NUMBER 204 E. Joppa Ro		700	Ba_	timore	1. ZIP CODE 21204					1 YES 2 X NO WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. AR	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)				14. BACE	— American Indian, c, While, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12) 10th Grade	CATION completed) College (1-4 or 5 +)	(Gi	ve kind of wor Do NOT use i		ON ost of working	16b	KIND OF BU			WILLOC
TO BE	190. INFORMANT'S NAME (Type/Print) Charles Anderso	n Jr.	198	. MAILING A		and Number or Rural 1 Road	Route Num				nd 21122
	20e. METHOD OF DISPOSITION 1 Section 2 Cremetion 3 Ramo 4 Donation 5 Other (Specify)		20b. PLACE A	ND DATE OF matory or othe	DISPOSITION (N	ame of	DAT	E 20c. LO	CATION -	- City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICE		You	ne	Georg	nd address of FA	ice F	uneral	. Hon	ne P.	Α.
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	List only one caus	e on each lina		anter the me	Ritchie	ch as care	Dall	ratory a	rrest,	Approximate interval Between Onset and Daath
NO	resulting in death) a. CIRRHOSIS OF THE LIVER DUE TO (OR AS A CONSEQUENCE OF): b. MULTIPLE MYELOMA						YRS				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): CHRONIC OBSTRUCTIVE PULMONARY DISEASE DUE TO (OR AS A CONSEQUENCE OF):							YRS			
CERT		OSTEOPO									YRS
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions	s contributing to d	leath but not re	esuiting in	the undarlyin	g causa givan in	Part I.	1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IAN: M	DID TOBACCO USE C	CONTRIBUTE	TO CAUS	E OF		ES NC					1 U YES 2 D NO
SIC	EXAMINER?. 1 TYES 2 NO	HOSPITAL:	ER/Oulpatient 3		THER:	ne 5 🗆 Reeldence					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF II (Month, Day		28b. TIME (INJUR	IY W	JURY AT DRK? YES 2 NO	28d. DES	CRIBE HOW I	NJURY O	CURED	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF building, et	INJURY — At hor ic. (Specify)	me, lerm, stre	et, factory, offic			ATION (Street or Town, Stete)		er or Rural R	loute Number,
COMPLETED	29. CERTIFIER (Check only one) 1. CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of man.) and manner se stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIER	mp				29c, LICENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year) 10 : 94
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR CEBALLOS 7620 YORK ROAD TOWSON, MD 21204										

BALTIMORE, MARYLAND 21215-0020

P.O. BOX 68760,

RECORDS.
VITAL
OF
DIVISION

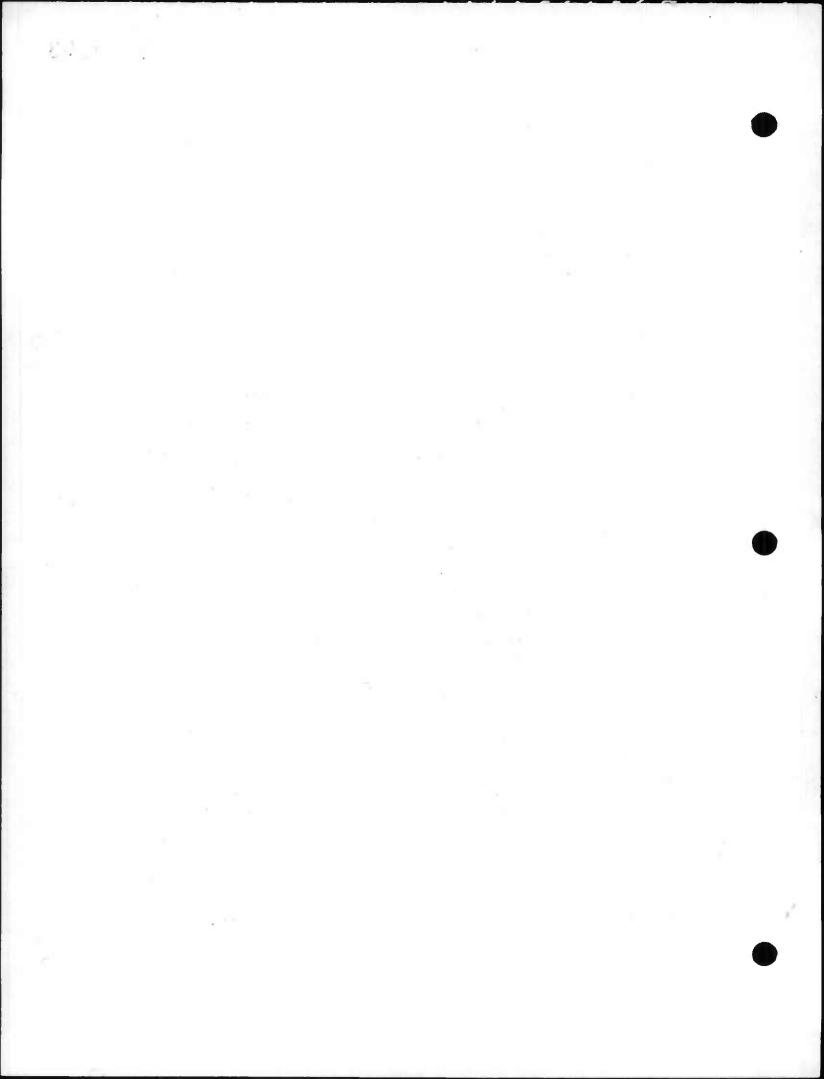
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the brospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF HE	ALTH AND M	ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
- 9	James V. Suc	chanek				July 1	2 1994	3	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	F UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		TTHPLACE (State or Foreign	
- 1	162-09-2024		MC		HOURS MIN.	(Month, Day, Year)	Co	untry)	
	9a. FACILITY NAME (If not institution, give st	74	00		R LOCATION OF DEA	9/26/13		ryland	
œ	4		94	B. CITY, TOWN ON	I LOCATION OF DEA	III	9c. COUNTY OF	FDEATH	
5	2110 Tred AV	von Road		Esse	X		Balti	more	
DIRECTOR	10a. STATE 10b. COUNTY	٧	10c. CITY, 1	TOWN OR LOCATIO	ON			10d. INSIDE CITY	
E I	Maryland Bal	timore		Eggen				LIMITS?	
	10e. STREET AND NUMBER	rimore		Essex	ZIP CODE		10a CITIZEN O	1 ☐ YES 2 ☐ NO	
FUNERAL	2110 0000	- D		101. 2					
N N	2110 Tred Avo	12. WAS DECEDENT EVER		I as week as a second	21221		U.S.A		
5	1 Never Married 2 Married	FORCES? 1 X YES	2 NO	If yes, spec	offy Cuban, Mexican,	C ORIGIN? (Specify Yes Puerto Rican, atc.)	i or No- 14. R/	ACE — American Indian, lack, White, atc.	
Β¥	3 Widowed 4 Divorced	IF YES, GIVE WATE OR I	DATES	1 🗆 YES 2	2 NO Specify:			pecify:	
	15. DECEDENT'S EDUC	CATION WW T T	18a. DECEDENT'S US	TIAL OCCUPATION	<u> </u>	Tech KIND OF BUIL	SINESS/INDUSTRY	ite	
COMPLETED	(Specify only highest grade	completed)	(Give kind of world life. Do NOT use n	k done during most	of working	100. KIND OF BUS	SINESS/INDUSTR		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)							
N			Supervi			Postal		ce	
	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden	Surname)		
BE	Vincent Sucha	nek			Barba	ra Vlna			
2	tga. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow			
-	Phillip James	Suchanek	9227	Bowlin	ie Rd. J	Baltimor	e Md.2	1236	
	20a. METHOD OF DISPOSITION 1 Depute 2 Cremation 3 Remo	cural from State	b. PLACE AND DATE OF	DISPOSITION (Nam	ne of	DATE 20c. LO	CATION - City or	Town, State	
	4 Donathan 5 Other (Specify)	G	ardens C) Fait	ch Cem.	7/15/94	Balti	more Co.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND	ADDRESS OF FACI	LITY			
	11 12	0	1			Funeral			
	22 PART E-A-1			11407	Old Eas	stern Av	e. Bal	t.Md.21221	
	23. PART L Enter the diseases, or cahock, or heert fellure.	List only one cause on	each line.	enter the mode	e of dying, such	as cardiac or respi	ratory arreat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final	W.C D						Onset and Death	
	disease or condition resulting in death)	MYOCARDIAL INFARCTION							
		DUE TO (OR AS A CONSEQUENCE OF):							
z		DIABETES MELLITUS							
음	Sequentially list conditions, If any, leading to immediate								
8	CAUSE (Disease or Injury	HYPERTENS	ION						
CERTIFICATION	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
돈	resulting in deeth) LAST	CEBERROVA	SCULAR A	CCIDEN.	T				
40		0.0011011011							
AL	PART II. Other significent condition	ns contributing to death		the underlying		art I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
AL		ns contributing to death		the underlying		art I. 24a. WAS AN PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
AL	PART II. Other significent condition	ns contributing to death		the underlying		PERFOR	RMED?	AMAILABLE PRIOR TO	
AL	PART II. Other significent condition	ns contributing to death		the underlying		PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AL	PART II. Other significent condition CHRONIC OBS	TRUCTIVE L		the underlying		PERFOF	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AL	PART II. Other significent condition CHRONIC OBST	ns contributing to death	UNG DISE	the underlying ASE 28. PLA OTHER:	cause given in P	PERFOF 1 YES 2	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AL	PART II. Other significent condition CHRONIC OBST	HOSPITAL: 1 Inpattent 2 ER/Out	UNG DISE	ASE 28. PLA OTHER: Nursing Home 186. INJUI	CE OF DEATH (Chec	PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO	
PHYSICIAN: MEDICAL	PART II. Other significent condition CHRONIC OBST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Netural 5 Pending	HOSPITAL:	UNG DISE	ASE 26. PLA DTHER: Nursing Home PT 28c. INJUIT WORI	CE OF DEATH (Chec	PERFOF 1 YES 2	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other significent condition CHRONIC DBST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpattent 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	tpetient 3 DOA 4	28. PLA OTHER: Nursing Home Nursing Home Y WORI 1 YE	CSUSE GIVEN IN P	PERFOR 1 YES 2	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other significent condition CHRONIC OBST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Netural 5 Pending	HOSPITAL: 1 Inpattent 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	tpstlent 3 DOA 6 28b. TIME CINJUR	28. PLA OTHER: Nursing Home Nursing Home Y WORI 1 YE	CSUSE GIVEN IN P	PERFOR	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other significent condition CHRONIC OBST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Sp.)	tpstlent 3 DOA 4 28b. TIME C INJUR Y — At home, farm, stre	26. PLA THER: Nursing Home F 28c. INJUIL WORI M 1 YE	CE OF DEATH (Chec	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other significent condition CHRONIC OBST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spi	tpatient 3 DOA 6 28b. TiME C INJUR Y — At home, farm, stre	26. PLA OTHER: Nursing Home OF 28c. INJUST WORI M 1 YE pet, factory, office	CE OF DEATH (Chec	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other significent condition CHRONIC OBST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Sp.)	tpatient 3 DOA 6 28b. TiME C INJUR Y — At home, farm, stre	26. PLA OTHER: Nursing Home OF 28c. INJUST WORI M 1 YE pet, factory, office	CE OF DEATH (Chec	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition CHRONIC OBST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Sp.	tpatient 3 DOA 6 28b. TiME C INJUR Y — At home, farm, stre	26. PLA 27. PLA 28. PLA 28. PLA 28. PLA 28. PLA 28. INJUI WORI M 1 YE eet, tectory, office at the time, data at in my opinion, das	CE OF DEATH (Chec	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) o the cause(a) and mai	NJURY OCCURED and Number or Rur nner as stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO rai Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition CHRONIC DBS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Sp.	tpatient 3 DOA 6 28b. TiME C INJUR Y — At home, farm, stre	26. PLA 27. PLA 28. PLA 28. PLA 28. PLA 28. PLA 28. INJUI WORI M 1 YE eet, tectory, office at the time, data at in my opinion, das	CE OF DEATH (Check Pasidence 6 RRY AT K? ES 2 NO	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and marine, data and place, and	INJURY OCCURED and Number or Rur miner as stated. ind due to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO rai Route Number, se(a) and manner as stated.	
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition CHRONIC DBST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined 4 Homicide datermined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spa	tpatient 3 DOA 6 28b. TIME C INJUR Y — At home, farm, streecify) wiedge, death occurred in	26. PLA OTHER: Nursing Home OF 28c. INJUI WORI M 1 YE eet, tectory, office at the time, data at in my opinion, dea	CSUSE GIVEN IN P ACE OF DEATH (Chec RY AT IK? ES 2 NO and place, and due to sth occured at the ti	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and marine, data and place, and	INJURY OCCURED and Number or Rur miner as stated. ind due to the cause	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO rai Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition CHRONIC DBST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined 4 Homicide datermined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINE 29E. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHILE 30. NAME AND ADDRESS OF PERSON WHILE 31. NAME AND ADDRESS OF PERSON WHILE 32. NAME AND ADDRESS OF PERSON WHILE 33. NAME AND ADDRESS OF PERSON WHILE 34. NAME AND ADDRESS OF PERSON WHILE 35. NAME AND ADDRESS OF PERSON WHILE 36. NAME AND ADDRESS OF PERSON WHILE 37. NAME AND ADDRESS OF PERSON WHILE 38. NAME AND ADDRESS OF PERSON WHILE 39. NAME AND ADDRESS OF PERSON WHILE 30. NAME AND ADDRESS OF PERSON WHILE 31. NAME AND ADDRESS OF PERSON WHILE 31. NAME AND ADDRESS OF PERSON WHILE 32. NAME AND ADDRESS OF PERSON WHILE 33. NAME AND ADDRESS OF PERSON WHILE 34. NAME AND ADDRESS OF PERSON WHILE 35. NAME AND ADDRESS OF PERSON WHILE 36. NAME AND ADDRESS OF PERSON WHILE 37. NAME AND ADDRESS OF PERS	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spi	tpatient 3 DOA 4 28b. TIME C INJUR Y — At home, farm, streecify) wiedge, death occurred a con and/or investigation,	26. PLA THER: Nursing Home Proper, tactory, office at the time, deta as in my opinion, des	CE OF DEATH (Check Plant AT INC.) ACE OF DEATH (Check Plant AT INC.) ES 2 NO and place, and dua to the till place, and dua to the till place. H35	PERFOR PERFOR YES 2 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and mai	INJURY OCCURED and Number or Rur miner as stated. ind due to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO rai Route Number, se(a) and manner as stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition CHRONIC DBST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined 4 Homicide datermined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINE 29E. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHILE 30. NAME AND ADDRESS OF PERSON WHILE 31. NAME AND ADDRESS OF PERSON WHILE 32. NAME AND ADDRESS OF PERSON WHILE 33. NAME AND ADDRESS OF PERSON WHILE 34. NAME AND ADDRESS OF PERSON WHILE 35. NAME AND ADDRESS OF PERSON WHILE 36. NAME AND ADDRESS OF PERSON WHILE 37. NAME AND ADDRESS OF PERSON WHILE 38. NAME AND ADDRESS OF PERSON WHILE 39. NAME AND ADDRESS OF PERSON WHILE 30. NAME AND ADDRESS OF PERSON WHILE 31. NAME AND ADDRESS OF PERSON WHILE 31. NAME AND ADDRESS OF PERSON WHILE 32. NAME AND ADDRESS OF PERSON WHILE 33. NAME AND ADDRESS OF PERSON WHILE 34. NAME AND ADDRESS OF PERSON WHILE 35. NAME AND ADDRESS OF PERSON WHILE 36. NAME AND ADDRESS OF PERSON WHILE 37. NAME AND ADDRESS OF PERS	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Sp. ICIAN: To the best of my known. ER: On the best of axamination of the best of th	tpatient 3 DOA 4 29b. TIME C INJUR Y — At home, farm, stre scily) Wedge, death occurred a on and/or investigation, in EATH (ITEM 27) (Type, Pr	26. PLA THER: Nursing Home Proper, tactory, office at the time, deta as in my opinion, des	CE OF DEATH (Check Plant AT INC.) ACE OF DEATH (Check Plant AT INC.) ES 2 NO and place, and dua to the till place, and dua to the till place. H35	PERFOR PERFOR YES 2 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and mai	INJURY OCCURED and Number or Rur miner as stated. ind due to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO rai Route Number, se(a) and manner as stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition CHRONIC OBST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spi	tpatient 3 DOA 4 29b. TIME C INJUR Y — At home, farm, stre scily) Wedge, death occurred a on and/or investigation, in EATH (ITEM 27) (Type, Pr	26. PLA THER: Nursing Home Proper, tactory, office at the time, deta as in my opinion, des	CE OF DEATH (Check Plant AT INC.) ACE OF DEATH (Check Plant AT INC.) ES 2 NO and place, and dua to the till place, and dua to the till place. H35	PERFOR PERFOR YES 2 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and mai	INJURY OCCURED and Number or Rur miner as stated. ind due to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO rai Route Number, se(a) and manner as stated.	





BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	ages		
	r.P		
	E		
	1Srt		
cian.	-trai		
Shirt	bunia		
ling	the state		
ttend	93		
0, 3	L US		
pital	o pa		
hos	tach		Ce.
the /	e de		10
5	d bi		P
taine	Shou		H
be re	Je 5		e ne
Пау	. pag		d
9 6	ector		Ē
Page	I dir		ner
ath.	Inera		me
or de	he fu	- Je	ex
s afte	3	ешо	dica
Onc	E.	0	E
D	y fill	tion.	the
William	pletel	гет	ent.
rted	E00	ial, c	20
xecu	and	À C	nati
2	cian	ior to	Lan
cate	physi	le pr	er t
certif	guig	ygier	oth
ath	men	tal H	0.0
e de	the	Men	nin
hat th	5	and	II Au
res t	igne	ealth	50
requi	en s	Of H	how
MP	as be	lept.	23
E P	ite h	ate D	E
IAN	rtifica	e St	or it
NSIC.	is ce	ith th	D.
6 P	er th	ITH W	Jark
NDIN	L. Aft	r dea	S
E E	SPR	afte	28
OR	DIRE	DOURS	Tem
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
10SP	UNE	/ithin	ANT
분	분	led w	ORT
5	101	be fil	MP

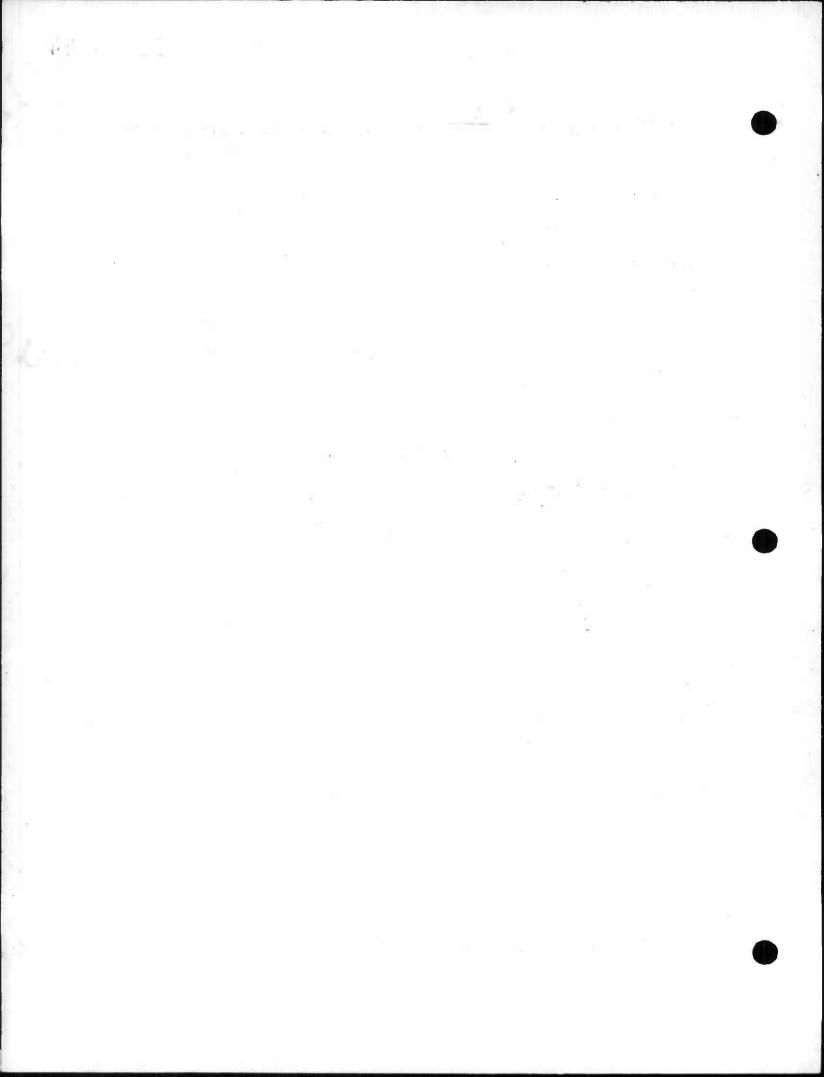
5

ITEM: 1. PER F.H. FILM G-713 7/14/94 t.t. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, MOSES 2. DATE OF DEATH 3. TIME OF DEATH JUL MONTH μ_{PM} 4. SOCIAL SECURITY NUMBER 5. SEX a. AGE (In yrs. lest birthday) 7. DATE OF BINTH (Month, Day, Year) 1/19/1913 IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 D F POLAND DAYS HOURS YRS 81 218-38-8014 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTHWEST HOSPITAL CENTER BALTIMORE RANDALLSTOWN 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE BALTIMORE 1 YES 2 NO FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3501 OLD COURT RD 21208 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married
3 Widowed 4 Ofvorced BY 1 TES 2 NO Specify: Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) MEDICINE 5+ PHYSICIAN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname, SOPHIE **BRUCK AARON** SCHNEIDMUHL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21208 3501 OLD COURT RD, BALTIMORE, MD DR. FRANCES SCHNEIDMUHL 20a. METHOD OF OISPOSITION
1 Surial 2 Cremation 3 Removal from Stala
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State BETH EL MEMORIAL PARK 7/10/94 RANDALLSTOWN, MD GNATURE OF FUNERAL SERVICE LIGENSES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 21215 6010 REISTERSTOWN RD. BALTIMORE, MD 23 PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arreet, shock, or haart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 TYES 2 ANO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 | YES 2 | NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED Netural 5 Pending Investigation м 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the on and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0

IPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

37. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

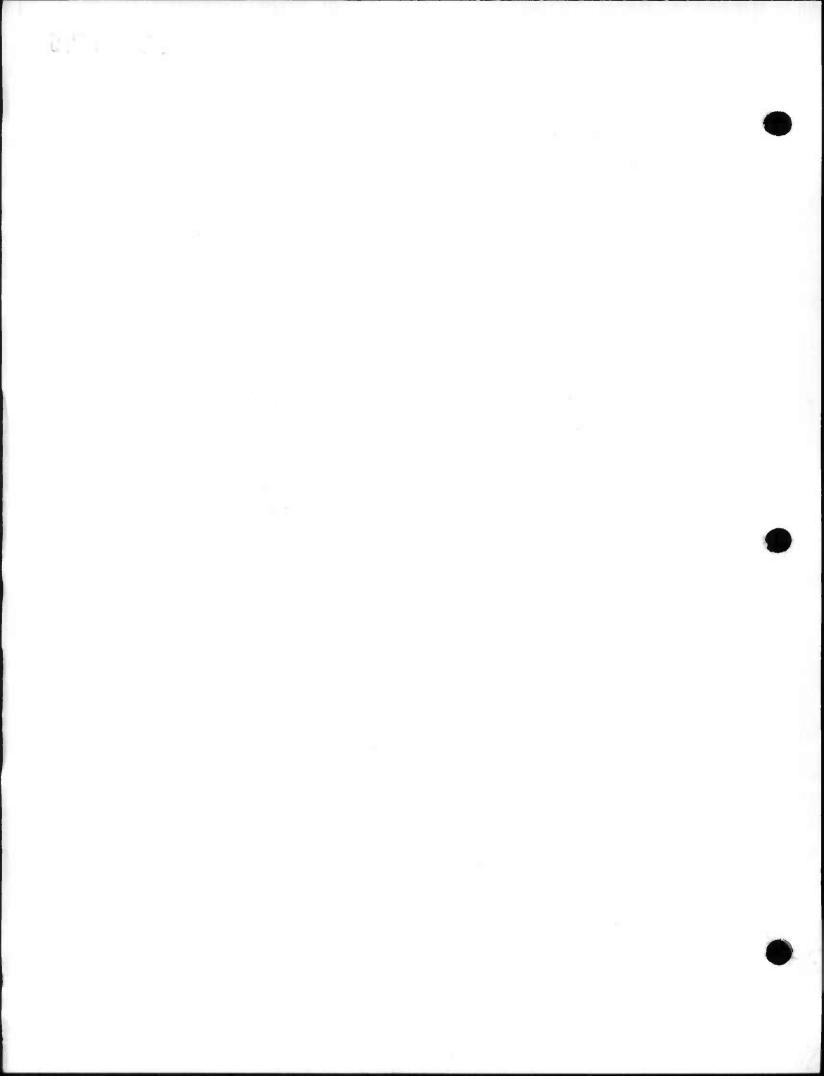
permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE THE	TO THE	be filed	IMPOR

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) BERNAR	₽ c.	50	HM17	7	2. DATE OF DEATH	DAY - 4	EAR	1:05 PM
!	4. SOCIAL SECURITY NUMBER	1		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Dev. Yes	0.	BIRTHPLA Country)	CE (State or Foreign
	577-05-2924 9e. FACILITY NAME (If not institution, give etc.)		8 YRS.		R LOCATION OF DEA	09-18-1	915 W		ngton,DC
E CE	Mariner Health Care Center Laurel						Princ		
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			100	I. INSIDE CITY LIMITS?
		ard County	E	llicot	City				YES 2 X NO
\$	10e. STREET AND NUMBER			10f.	ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?			
ž	3302 Coventry Court 21043 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Speed						U.S		American Indien,
10e. STREET AND NUMBER 3302 COVENTRY COURT 11. MARITAL STATUS 1						Black, Wi			
COMPLEIED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)		16e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo		18b. KIND OF	BUSINESS/INDUS	TRY	
4	11		Machi	nest		Phy	sics Lab	orat	ory
3	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM		A		
	Louis C.	Schmidt			Mary	M. Gr			
2	190. INFORMANT'S NAME (Type/Print) Mrs. Bessie M. G	rimes Schmi <i>i</i>	220		nd Number or Rural Ad 7 Court E				0/43
	20s. METHOD OF DISPOSITION	201	b. PLACE OF DISPOSITI				LOCATION — CIT		
	N☐ Burial 2 ☐ Cremation 3 ☐ Remot 4 ☐ Donetion 8 ☐ Other (Specify)	remetion 3 □ Removal from State of the (Specify) Linthicum Chapel Cemetery Ellicott City, MD							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195)								
	23. PART I. Enter the diseases, or can shock, or heart failure. If IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	List only one cause on e							Approximats interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, isoding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	A CONSEQUENCE OF):						
	PART ii. Other significent condition	s contributing to death t	but not resulting in	the underlying	g ceuse given in f	PE	S AN AUTOPSY REFORMED? ES 2 NO	CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (Che	ck only one)		1	
	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out		Nursing Hom	ne 8 🗆 Residence	8 Other (Specify)		
	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (RY WC	IURY AT DRK?	28d. DEŞCRIBE H	IOW INJURY OCCU	REO	
	Natural 8 Pending Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, streetly)		YES 2 NO	28f. LOCATION (S City or Town,	treet end Number or State)	Rural Rout	e Number,
COMPLETE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	ICIAN: To the best of my know							
N N	29b. SIGNATURE AND TITLE OF CERTIFIES	R: On the basis of examination	TTENO	NG	29c LICENSE NUM D 2 7				orith, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (7/00 P	BAL	T. AVE	COLL	EGE P	NZK	4 MD 2014
	31 OATE FILED (Magnith, Day, Year)	12. REGISTRAR'S SIGN	NATURE Call						



FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)									E OF DEATH			3. TIME OF OEATH
	Emma I	illian	Stern							July 11, 1994 YEAR 3:45 A.				3:45 A.m
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yr:	s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	E OF BIRTH		8. BIRTI	HPLACE (State or Foreign
	216-09-4475		1 🗌 M 2 🔼 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.		oth, Day, Year)	1916	Count	ryland
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY,	Jan. 10, 1916 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
E C	6405 Moyer	Avenue	<u> </u>			Bal	tim	ore (City			1	N/A	
DIRECTOR	RESIDENCE OF DEC	EDENT				14/11								
E	10e. STATE	10b. COUNTY	,			Y, TOWN O								tod. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	N/A			Ba	altim								1 X YES 2 NO
M	6405 Moyer Avenue						100	21206						WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED											S.A.		
	1 Never Married 2	Married	FORCES? 1	YES 2	⊠ NO	11	yes, sp	ecify Cubi	ın, Maxica	NIC ORIGI In, Puarto	IN? (Specify Ye Rican, atc.)	s or No-	14. RAC	E — American Indian, k, Whita, atc.
B	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES		1	YES	2 🔀 NO	Specify	y:			Whiii	l'e
	15. DEC	EDENT'S EOU	CATION	184	. DECEDENT'S	USUAL OC	CUPATI	ON		16	b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	(Specify onl) Elementary/Secondary (0	highest grade	College (1-4 or 5	e)	(Give kind of life. Do NOT u	work done d se retired.)	luring mo	ost of worki	ng					
릴	6th Grade				ashier	:				C	ommerc	ial (red:	it
Ö	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Malden	Sumame)		
BEC	John F. Cih	lar						So	ophie	e Hl	avin			
	19a. INFORMANT'S NAME (7)	ypa/Print)			19b. MAILING	ADDRESS	(Street	and Number	or Rural I	Aoute Nun	nber, City or Tow	rn, Stete, Zi	p Code)	
임	Bloodsw	orth			6818 I	vera	11 2	Aveni	ie, I	Balt	imore,	Mary	yland	1 21206
	20a. METHOD OF DISPOSITI		uml from State	20b. PL/	CEANDDATE	OF DISPOSI	TION (N	eme of		DA	TE 20c. LC	CATION -	City or To	own, Stata
	4 Donation 5 D Other	(Specify)		Par	kwood	Ceme	ter	У		7/	14 Bal	timo	re, N	Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
V	John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 2120						ard 2000							
	23. PART I. Enter the di	sesses, or c	omplications the	coused the	death, Do	not enter	the mo	ode of dy	ing, suci	h aa cai	rdiac or reap	iratory ar	rest.	Approximata
	shock, or hi	eart fallure. I	List only one cau	ise din each	line.									Interval Between
		I CO I												Onset and Death
	disease or condition	→	Col	and c	ANGE	1								Onset and Death
	reaulting in death)	→	. COL	(OR AS A COI	AN CE	1								Onset and Death
z	reaulting in death)		DUE TO	(OR AS A COL	AN CE	f):					<u> </u>			Onset and Death
TION	resulting in death) Sequentially list conditi If any, leading to immediate	ons,)		AN CE									Onset and Death
ICATION	Sequentially list condition if any, leading to immediate. Enter UNDERLY!	lons, diate NG)											Onset and Death
TIFICATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju that initiated eventa	diate NG ry	DUE TO	(OR AS A COR		F):								Onset and Death
ERTIFICATION	Sequentially list conditi If any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju	diate NG ry	DUE TO	(OR AS A COR	ISEOUENCE O	F):								Onset and Death
L CERTIFICATION	Sequentially list conditi if any, leading to immedicause. Enter UNDERLY! CAUSE (Disease or Injusthat initiated evental resulting in death) LAS	ons, diate NG ry	DUE TO	(OR AS A COM	NSEOUENCE O	F):	derlyin	g cause	given in	Part I.	24a. WAS AN	AUTOPSY	246	Onset and Death
- 11	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju that initiated eventa	ons, diate NG ry	DUE TO	(OR AS A COM	NSEOUENCE O	F):	derlyin	g cause	given in	Part I.	PERFO	RMED?	24b	
- 11	Sequentially list conditi if any, leading to immedicause. Enter UNDERLY! CAUSE (Disease or Injusthat initiated evental resulting in death) LAS	ons, diate NG ry	DUE TO	(OR AS A COM	NSEOUENCE O	F):	derlyin	g cause	given in	Part I.		RMED?	24b	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditi if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or Inju that initiated eventa resulting in death) LAS	ons, diate NG ry	DUE TO	(OR AS A COM	NSEQUENCE O	F):				_	PERFO	RMED?	24b	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditi if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or Injust that initiated eventa resulting in death) LAS: PART II. Other signification of the property	ons, diate NG ry	DUE TO	(OR AS A COM	NSEQUENCE O	F):	НҮ	(ES [NO		PERFO	RMED?	24b	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list condition in any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injusthat initiated evental resulting in death) LAS	ons, diate NG ry	DUE TO	(OR AS A COM	NSEQUENCE O	DEAT	H Y	ES [NO EATH (Ch	eck only o	PERFOI	RMED?	24b	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list condition if any, leading to immercause. Enter UNDERLYI CAUSE (Disease or injust that initiated events resulting in death) LAST PART II. Other signification of the second of the se	ons, diate NG ry	DUE TO DU	(OR AS A COM	ot resulting	DEAT OTHER 4 Nurse	H Y 26. Pi	LACE OF D	NO EATH (Ch	eck only o	PERFO	RMED?		D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditi if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or Inju that initiated eventa resulting in death) LAS* PART II. Other significa DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	ons, diate NG ry T O USE CO MEDICAL Pending	DUE TO	(OR AS A COM	ot resulting	DEAT	H Y 26. Pi	/ES	NO EATH (Chi	eck only o	PERFOI 1 YES :	RMED?		D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditi if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or Inju that initiated eventa resulting in death) LAS* PART II. Other significa DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1	ons, diate NG ry T	DUE TO DUE TO DUE TO DUE TO DUE TO CONTRIBUTE HOSPITAL: Inpetient 2	(OR AS A CON (OR AS A CON death but in ETO CA ER/Outpatier INJURY ot resulting	DEAT OTHER 4 Nurs	H Y 26. Pi	LACE OF D	NO EATH (Chi	8 Oth 28d. DE	PERFOI 1 VES : one) or (Specify) SCRIBE HOW	RMED?	CCURED	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL	PART II. Other significa DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Accident 3 Suicide 8	ons, diate NG ry T O USE CO MEDICAL Pending	DUE TO DUE TO DUE TO DUE TO DUE TO CONTRIBUTE HOSPITAL: Inpetient 2	(OR AS A COM	ot resulting	DEAT OTHER 4 Nurs	H Y 26. Pi	LACE OF D	NO EATH (Chi	8 Oth 28d. DE	PERFOI 1 VES :	RMED?	CCURED	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other significa DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 2 Accident 3 Suicide 8 1	ons, diste NG ry T	DUE TO DU	(OR AS A CON (OR AS A CON death but in ETO CA ER/Outpatier INJURY ay, Year) F INJURY — A etc. (Specify)	NSEQUENCE O	DEAT OTHER 4 Nurs E OF URY M	H Y 26. Pi	/ES	NO EATH (Chi	8 Oth 28d. DE	PERFOI VES : One) Or (Specify) SCRIBE HOW CATION (Street y or Town, State,	RMED?	CCURED or or Rural is	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other significa DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Accident 3 Suicide 8 4 Homicide	ons, diste NG ry T	DUE TO DU	(OR AS A CON (OR AS A CON death but in ER/Outpatler INJURY ay, Year) F INJURY — A etc. (Specify) my knowledge	ot resulting NUSE OF 28b. TIM IN.	DEAT OTHER 4 Nurse E OF URY M street, factor	H Y 26. Pi	/ES LACE OF D LACE OF D JURY AT DRK? YES 2	NO EATH (Chi	s Oth 28d. DE	PERFOI VES : VES : CATION (Street y or Town, State,	and Number	ccured or Rural in ited.	AWILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significa DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI	ons, diate NG ry T	DUE TO DU	(OR AS A CON (OR AS A CON death but in ER/Outpatler INJURY ay, Year) F INJURY — A etc. (Specify) my knowledge	ot resulting NUSE OF 28b. TIM IN.	DEAT OTHER 4 Nurse E OF URY M street, factor	H Y 26. Pi	LACE OF D LACE OF D ne 5 Re JURY AT JURY AT JURY AT A s and place a and place a and place	NO EATH (Chi reldence NO No	8 Oth 28d. DE 28t. LO City to the cat	PERFOI VES : VES : CATION (Street y or Town, State,	and Number	or or Rural I	O. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significa DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Accident 3 Suicide 8 4 Homicide	ons, diate NG ry T	DUE TO DU	(OR AS A CON (OR AS A CON death but in ER/Outpatler INJURY ay, Year) F INJURY — A etc. (Specify) my knowledge	ot resulting NUSE OF 28b. TIM IN.	DEAT OTHER 4 Nurse E OF URY M street, factor	H Y 26. Pi	LACE OF D LACE OF D ne 5 Re JURY AT JURY AT JURY AT A s and place a and place a and place	NO EATH (Chi	8 Oth 28d. DE 28t. LO City to the cat	PERFOI VES : VES : CATION (Street y or Town, State,	INJURY OC and Numbe	or or Rural intended.	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, a) and manner as stated. D (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditi if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or Inju that initiated eventa resulting in death) LAS* PART II. Other significa DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 YES 2 NO 27. MANNER OF DEATH 2 Accident 3 Suicide 8 1 Homicide 1 CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE	ons, diate NG ry T	DUE TO DU	(OR AS A CONTROL OF INJURY ey, Year) F INJURY — A etc. (Specify) my knowledge xamination and	ot resulting NUSE OF 28b. Tim IN. at home, farm, a, dasth occurr	DEAT OTHER 4 Nurs E OF URY M street, factored at the tilen, in my op	H Y 26. Pi	LACE OF D LACE OF D ne 5 Re JURY AT JURY AT JURY AT A s and place a and place a and place	NO EATH (Chi reldence NO No	8 Oth 28d. DE 28t. LO City to the cat	PERFOI VES : VES : CATION (Street y or Town, State,	INJURY OC and Numbe	or or Rural intended.	O. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BY PHYSICIAN: MEDICAL	Sequentially list conditi if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or Inju that initiated eventa resulting in death) LAS' PART II. Other significa DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	ons, diate NG ry T	DUE TO DU	(OR AS A CONTROL OF INJURY ey, Year) FINJURY ey, Year) The injury ey (Specify) The injury examination and injury examination examination and injury examination and injury examinati	ot resulting NUSE OF 28b. Tim IN. at home, farm, a, dasth occurr	DEAT OTHER 4 Nurse E OF URY M street, factor ed at the til	H Y 26. PI 26. P	LACE OF D LACE OF D LACE OF D JURY AT DRK? YES 2 La a and place death occu 29c. LICI D 7	NO EATH (Che peldence NO , and due red at the	28t. LO City to the cat time, date	PERFOI VES : To VES : T	and Number as at a dua to the July DA	r or Rural I that cause(if TE SIGNEC 11 Y]	Route Number, 1 (Month, Day, Year) 1, 1994
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditi if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or Inju that initiated eventa resulting in death) LAS* PART II. Other significa DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 YES 2 NO 27. MANNER OF DEATH 2 Accident 3 Suicide 8 1 Homicide 1 CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE	D USE O MEDICAL Pending Investigation CAL EXAMINED OF CERTIFIER OF CERTIFIER PERSON WHO Then, P	DUE TO DU	(OR AS A CON (OR AS A CON death but n ETO CA BER/Outpatler BINJURY ay, Year) This is a constant of the	ot resulting NUSE OF 28b. TM 1N, 1t home, farm, 1d, dasth occurr (ITEM 27) (Type	DEAT OTHER 4 Nurse E OF URY M street, factor ed at the til	H Y 26. PI 26. P	LACE OF D LACE OF D LACE OF D JURY AT DRK? YES 2 La a and place death occu 29c. LICI D 7	NO EATH (Che peldence NO , and due red at the	28t. LO City to the cat time, date	PERFOI VES : To VES : T	and Number as at a dua to the July DA	r or Rural I that cause(if TE SIGNEC 11 Y]	Route Number, 1 (Month, Day, Year) 1, 1994

0:102

3.05

YEAR

94

9c. COUNTY OF DEATH

U.S.A.

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

1 TYES 2 NO

white

Approximate interval Betwe

4 Hrs.

2 Yrs.

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

OF DEATH? X YES 2 NO

29d, DATE SIGNED (Month, Day, Year)

7/11/94

COMPLETION OF CAUSE

Onset and Death

15:48

8. BIRTHPLACE (State or Foreign Country)

Maryland

10g. CITIZEN OF WHAT COUNTRY?

Specify:

2. DATE OF DEATH DAY

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

WILLIAM S.

TASKER

1 -

	96 3
	OR ATTENDING BHYSICIAN. The law requires that the death certificate he exercted within 24 hours
н	2
٠	2.6
6	- 5
Š	- Sign
	9
0	2
2	8
DIVISION OF VITAL RECORDS, P.O. BOX 86/80,	2
ń	9
-	- Ju
)	Part
Ľ	4
-	925
Ō	4
j	£
	hat
ŗ	· v
	100
7	9
-	3
i	6
-	É
=	ż
	2
-	3
_	H
	4
)	â
5	EN
	A
	g
3	-
	N

4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 MRS. 7. DATE OF BIRTH (Month, Day, Year) HOURS 1 🕅 M 2 🗌 F YRS. 220-30-7236 use as the burial-transit permit. Pages 1, 2, 3 should 3/30/36 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR St. Agnes Hospital Baltimore 10c. CITY, TOWN OR LOCATION MD Baltimore Halethorpe FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 1819 Winans Avenue 21227 death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Ri
1 ☐ YES 2 ☒ NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced 11/24/53-11/23/56 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Por Elementary/Secondary (0-12) College (1-4 or 5+) detached Landscaper Landscaping 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Mickelle, Maiclen Surname) should be F Edward S. Tasker Margaret DeWitt BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 JoAnn Tasker 1819 Winans Avenue, Halethorpe, MD 21227 9 20s. METHOD OF DISPOSITION

\(\rightarrow \end{arrow} = \text{Dorighen 5} \rightarrow \text{Other (Specify)} \\

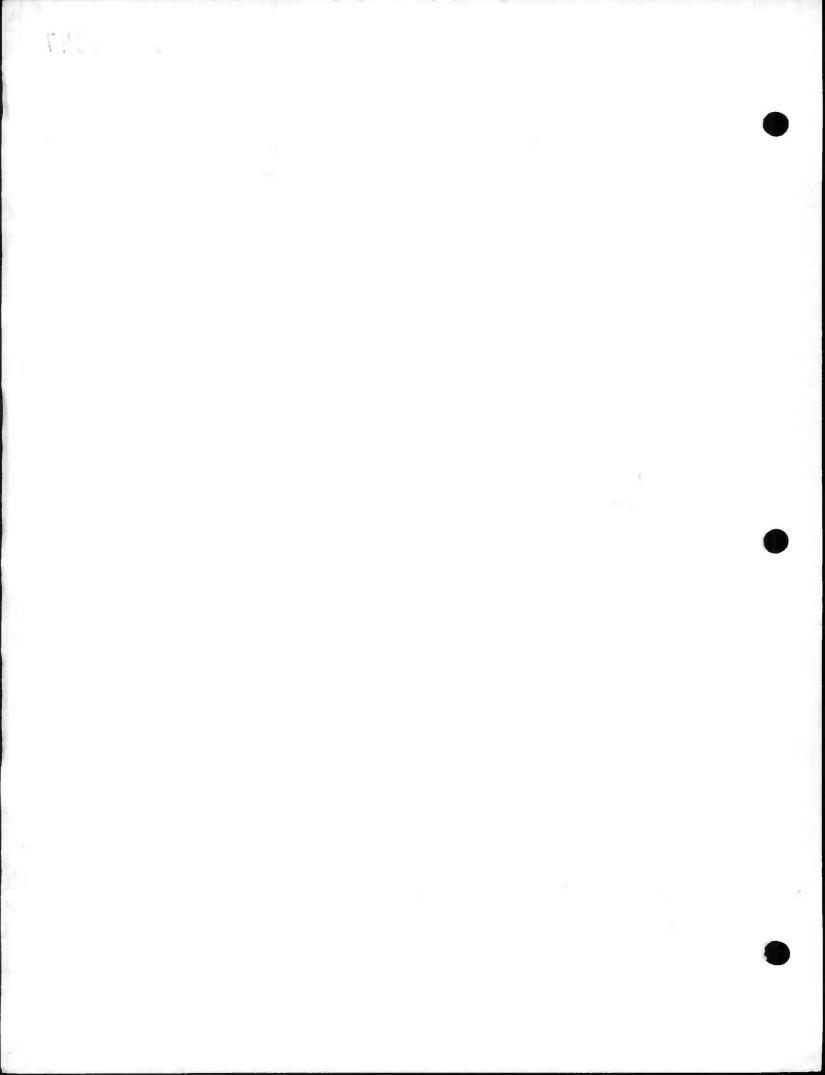
H. SIGNATURE OF TURESLAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Crest Lawn Memorial Grdns. 7/13 Marriotsville, MD examiner 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home, Inc. funeral 1328 Sulphur Spring Rd., Arbutus, MD 21227 mount filled in by the medical 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line. 5 IMMEDIATE CAUSE (Final cremation, the disesse or condition completely . INTRA ABDOMINAL HEMHORRHAGE, MASSIVE event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) and con burial, traumatic CERTIFICATION RUPTURE ABDOMINAL AORTIC ANEURYSM
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, 0 If any, leading to immediate the attending physician Mental Hygiene prior tr cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST 10 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY and a PERFORMEO? shows any signed Health a 1 X YES 2 NO t. of PHYSICIAN: has be Dept. 23 st 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate to the State **EXAMINER?** HOSPITAL OTHER: 1 YES 2 NO 1 X Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF OEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? this c marked, 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 X Natural BY t YES 2 NO After 1 2 Accident DIRECTOR: At hours after de item 28 is r 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29e. CERTIFIER
(Check only one)
20
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE 15, elc 30. NAME AND ADDRESS OF PERSON WHO COMPLETION ALISE OF DEATH (ITEM 27) (Type, Print) D09990 2 Michael E. Pelczar St. A St. Agnes Hosp., 900 Caton Ave., Baltimore,

i Sinden Pendal

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89



art permit, Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	KIIFI	CALE	OF	DEATH		REG. NO.			
	DECEDENT'S NAME (First, Middle, Last) ANNETTE	W.	TANG					2. DATE	OF DEATH	NY.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last)	Make de la	IF UNDER 1 Y	[07	11		94	6:15 P.M
	578-44-7181	1 □ M 2 🂢 F	78			MYS	IF UNDER 24 HRS. HOURS MIN.	(Month	of BIRTH , Day, Year) -27-16		Countr	PLACE (State or Foreign y) MARYLAND
OR	6150 FORELAND GA	9a. FACILITY NAME (If not institution, give street and number) 6150 FORELAND GARTH #509					96. CITY, TOWN OR LOCATION OF DEATH COLUMBIA HOWARI					
2	RESIDENCE OF DECEDENT 10e. STATE 10c. CITY. TOWN OR LOCATION										444 MAINT OFT	
DIRECTOR	MARYLAND F			MBIA				10d. INSIDE CITY LIMITS? 1 YES 2XXNO				
ONERAL	10a. STREET AND NUMBER 6150 FORELAND GARTH #509						ZIP CODE 210	45		10g. CITI	U.S	A.
Ó	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced		T EVER IN U.S. ARM YES 25 NO		If y	es, spe	ENDENT OF HISPAN city Cuban, Mexica 2 X NO Specify	n, Puerto R		or No-	14. RACE Black Speci	- American Indian, t, White, atc. thinese
ED	15. DECEDENT'S ED	UCATION	16a. DEC	EDENT'S U	SUAL OCC	JPATIO	N	16b.	KINO OF BUS	SINESS/INC	DUSTRY	772322
COMPLETED	(Specify only highest grec Elementary/Secondary (0-12) 12	College (1-4 or 5 +	·) Ilfa. C	o NOT use	ork done duri retired.) IAKER	done during most of working red.)					MF:	
MC	17. FATHER'S NAME (First, Middle, Lest)			ТОТ ПОТ	a mana		16. MOTHER'S NA	ME (E)- A	eralan e e e rain		110	
BE CO	GIN WONG						LILL		EE	Surname)		8
2	19a. INFORMANT'S NAME (Type/Print) DAVID TANG	(SON)					GARTH #					AND 21045
	20a. METHOD OF DISPOSITION 1	moval from State	20b. PLACE AN	atory or oth	er place)	_	me of	OATE		CATION -		wn, Stata MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE	HOENSEE	- I METRO	CREA			D ADORESS OF FA	CILITY	CAIC	MOVI.		MAKITAND
	Lusseese	with	e									AL HOMES E MARYLAND
	23. PART I. Enter the diseases, or ahock, or heart feilure IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Undiac	se on each line.								reet,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	(OR AS A CONSEOL									
MEDICAL	evaluated per DID TOBACCO USE	- son - p	4 clien	ot h	tunt	es	rever al vativ	-2,	24s. WAS AN PERFOR 1 YES 2	MEO?	246	WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2V NO
A	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTI	10 CA03	E OF		_		3~				
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER:		ACE OF OEATH (Chi					
₹	27. MANNER OF DEATH	28a. DATE OF	ER/Outpatient 3	28b. TIME	4 Nursing	_			(-)			
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, D		INJU	IRY	WOF	ES 2 NO	28d. DEŞ	CRIBE HOW II	NJURY OC	CURED	
	3 Suicide 6 Could not be determined	28s. PLACE O building,	F INJURY — Al hom etc. (Specify)	e, farm, st	reet, factory	office		28f. LOCA City o	ATION (Street a or Town, State)	nd Number	or Burel f	loute Number,
COMPLETED		SICIAN: To the best of										2700 ASS (185-1854)
8			MINISTRAL PROPERTY.	restigation	, in my opin	Hon, de	ath occured at the	time, date	and place, an	d due to th	ne cause(a) and manner as stated.
TO BE	296, SIGNATURE AND TITLE OF CERTIFIE	Mr.M	11000	Jee (Co		29c. LICENSE NUN D31473					(Month, Dey, Year) 12, 1994
	DR. PATRYCE TOYE	•	H cul we		-	مك	n Elli	rant	City	Mr	2	1042
	31. DATE FILED WORD, Day 164) 199	4 32. RIGISTRA	PIP SIGNATURE		2		1 - 011	, -01	7	1		

3.7___

1. 192 E E E E E E

Y

21	-
21	1
0	1
A	4
Y L	1
BALTIMORE, MARYLAND 2121	admin a
<u>~</u>	4
E	-
5	0
Ē	6
AL	Sand
B	· den e
	- morrow
4	
0	***
760.	and with
68760.	was made unit
OX 68760.	he managed unit
BOX 68760.	note be menuted unit
O. BOX 68760.	andifficate he monthly with
P.O. BOX 68760.	oth partificate he moonted with
OS, P.O. BOX 68760.	or death cardificate be executed usin
RDS, P.O. BOX 68760.	tot the death cardificate he monthly with
CORDS, P.O. BOX 68760.	that the death earlificate he mention with
RECORDS, P.O. BOX 68760.	consises that the death cartificate he consisted with
L RECORDS, P.O. BOX 68760.	last sometimes that the death earlifeasts he monthly with
ITAL RECORDS, P.O. BOX 68760.	11. The last consistent the danger and finds he consisted with the last the sate he admin the transfer of the

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last GRACE F	4. WILL				7	2 94	AR	7.35	PM
	4. SOCIAL SECURITY NUMBER 2-16 05 0 1 4 1 98. FACILITY NAME (If not institution, give	1 M 2 AF	80 YRS.	IF UNDER 1 YEAR ONTHS DAYS Pb. CITY, TOWN	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1012	Country) RYLA		reign
DIRECTOR	BON SECOURS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 108. STATE 108. COUNTY 109. CITY, TOWN OR LOCATION 109. INSIDE CITY									
1	MARYLAND				LTIMORE C	ITY		. 20	LINSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 1123 ASHBURTON STREET			10	H. ZIP CODE	10g. CITIZEN	10g. CITIZEN OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S. ARMED 2 X NO ATES	If yes, s	DENT OF HISPANI Decity Cuben, Maxican S 2 NO Specify:		fy Yes or No 14. RACE - American Indian			en,	
APLETED	15. DECEDENT'S ED (Specify only highest grant Elementary/Secondary (0-12) 12th GRADE	UCATION de completed) College (1-4 or 5+)	16a. DECEOENT'S US (Give kind of wo life. Do NOT use NURSE	rk done during m	ON ost of working	16b. KIND OF BU				
E COMPL	17. FATHER'S NAME (First, Middle, Lest) SAMUEL	BOOKER			18. MOTHER'S NAM MARIAH	AE (First, Middle, Maiden	Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)									
	EMORY BOOKER 2036 GUY WAY, DUNDALK, MARYLAND 21222 20s. METHOD OF DISPOSITION 20s. PLACE AND DATE OF DISPOSITION Name of Complete, co									
	SUBJECT 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) WESTERN STAR CEMETERY 7-9-94 CATONSVILLE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE ALICENSEE 22. NAME AND ADDRESS OF FACILITY									
	JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTIMORE, MD. 21223									000
	23. PART I. Enter the diseases, or ehock, or haert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Septic	ech line.	t enter the me	w. DALII)	ss cardiac or reep	BALTIM	ORE.	Approxims Interval Be Onset and	ste etween
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING OA A A A A A A A A A A A A A A A A A A									
ERTIFI	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST c. Multiple Myelima DUE TO (OR AS A GONSEOUENCE DY):									
MEDICAL C	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in End Stage heral Disease; Deevling When he H						N AUTOPSY RMED? 2 NO	AMAI CON OF I	RE AUTOPSY FILLABLE PRIOR OF CODEATH?	TO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Che	ck anly one)				
PHYSI	1 _ YES 2 _ NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	28b. TIME	OF 28c, IN	JURY AT	S C Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUR	EO		
D BY	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation 3 Suicide 2 Contract Sea. PLACE OF INJURY — At home, farm, street, factory, office					281. LOCATION (Street	and Number or I	Rural Floute	Number,	
ETE	4 Homicide detarmined	building, etc. (Spe	say,			City or Town, State				
COMPL	and!	SICIAN: To the best of my know NER: On the besis of examination						ause(s) and	l manner aa si	tated.
8	296, SIGNATURE AND TITLE OF CENTER	20	W		29c. LICENSE NUM	37	29d. DATE SI	GNED (Mor	ith. Day, Year)	
10	30. NAME AND ADDRESS OF PERSON W	CALLETEO CAUSE OF DE	ATH (ITEM 27) (Type, P	rine)	21.	0 0 1	2 12 /	7	- /	
1	DARSHAN. S.	>11-0/11	600 MOUN	7 overst	- Hue,	raclo	4141	/		

	ate be executed within burs after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	0
\approx	2
\sim	등
ŏ	0
~	3.
5	5
4-	e
2	69
4-	0
2	-
0	-23
=	3
Z	2
Ø	40
	5
\leq	3
~	77
щ	ě
4	20
5	9
_	a
111	Φ
-	3
Œ	E
0	9
Š	62
-	No.
1	CL.
Γ.	5
	60
Q.	0
$\mathbf{\alpha}$	e
	9
	60
	3
	6
0	1
9	P
2	Te.
30	3
9	96
×	40
BOX 68760,	Z
×	93
ш	6.0

DIVISION OF VITAL RECORDS, P.O.

	1. DECEDENT'S NAME (First, Middle, Last)	V	aven	CATE OF		2. DATE OF MONTH	DEATH DAY	YEAR 3. TIME OF DE	STA
	4. SOCIAL SECURITY NUMBER 147-26-1426		(In yrs. last birthday) 92 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De May 2	ey, Yoar)	B. BIRTHPLACE (State or Country) Connecticu	
OR	90. FACILITY NAME (If not institution, give st Hebrew Home Of Gi		naton	96. CITY, TOWN O	OR LOCATION OF DI		9c. COU	NTY OF DEATH	n.
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 101. COUNTY Maryland Montgomery 102. CITY, TOWN OR LOCATION ROCKVILLE 103.								
FUNERAL	109. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 6121 Montrose Road 20852 USA								
B	11. MARITAL STATUS 1 Never Married 2 Merried 1 Never Married 4 Dispersed 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 NO If yes, apacity Cuban, Maxican, Puerto Rican, etc.) 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, apacity Cuban, Maxican, Puerto Rican, etc.) 14. RACE-Black, Specify: Specify								ndlen,
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 2 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Gracer Gracer						no of Business/IND	White USTRY	
E COMPL	17. FATHER'S NAME (First, Middle, Last) Morris Rappoport		0700	7000		ME (First, Midd	lle, Maiden Surname)		
TO B	Morris Rappoport Bessie Cherkasky 198. INFORMANT'S NAME (Type/Print) Elaine B. Schlossberg 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20902 1121 Univ. Blvd, W, Apt. 1115, Silver Spring, MD								
	20a. METHOD OF DISPOSITION 1	oval from State	metery, cremetory or of David	Mem. Ga	vrden 7/1			urch, Virgi	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Denald STEIN HEBREW MEMORIAL FUNERAL STEIN HEBREW MEMORIAL							TON. DC 200	IC.	
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart faliura. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) OUE TO (OR AS A CONSEQUENCE OF):								
ERTIFICATION	Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
DICAL C	PART II. Other significant conditions	s contributing to death t	but not resulting i	n the underlying	g ceuse given in		n. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY AMILABLE PRIC COMPLETION O OF DEATH?	OT RO
ME	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF		ES NO	X	*	1 VES 2	□ NO
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. NAMINER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Out	1100	OTHER: 4 Nursing Nom	ACE OF DEATH (Ch	8 Other (S			
ВУ РЬ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIMI	M 1 1	YES 2 NO	33.20.70.70	BE HOW INJURY OCC		
ETED	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spe	icify)			City or To	own, State)	or Rural Route Number,	
COMPL		CIAN: To the best of my know R: On the basis of examination							a state
O BE	296. SIONATURE AND TITLE OF CERTIFIER	- attend	Ing Phy	sigan	D 18	o 8-Y	29d. DATI	E SIGNED (Month, Day, Yea	nr)
	30. NAME AND ADDRESS OF PERSON WHO D-D-ATEC 31. DATE FILEO (Month, Day, Year)	1 MO - 612	- MON	TROSE	Ro, R	oder	ILLE M	0>0852	
	DATE TILLY (MONTH, Day, 1981)	-62 REGISTRAR'S SIGN	MIUHE		/				

00-4

the same and the same and the same and the same and

the state of the s

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.
_			

		REGISTRAR	CERTI	FICATE OF	DEATH	REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last) ATPLICIA	Zen	101	1	DATE OF DEATH	9 1	3. TIME OF DEATH 5 45 M		
	Î	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 DK	AGE (In yrs. last birthday,	MONTHS DAYS	IF UNDER 24 HRS. 7 HOURS MIN.	Month, Day, Year)	7 8. 84	RTNPLACE (State or Foreign unity)		
2. 3 should	OB	90. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF DEATH 90. COUNTY OF DEATH 80. COUNTY OF DEATH 81. CITY, TOWN OR LOCATION OF DEATH 82. COUNTY OF DEATH 83. COUNTY OF DEATH 84. CITY OF DEATH 85. COUNTY OF DEATH 86. COUNTY OF DEATH 86. COUNTY OF DEATH 86. COUNTY OF DEATH								
-	5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY								
r. Pages	DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INST Maryland Baltimore Perry Hall 1 □ YES								
med	A	100. STREET AND NUMBER			ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?X		
TISH.	8	4113 Baker Lane			21236		11	SA		
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, notified at once.	BY FUNERAL	11 MARITAL STATUS 12 WAS DECEDENT	YES 2XXNO	2/NO If yes, specify Cuben, Mexicen, Pur						
215 attend		15. DECEDENT'S EDUCATION	16a. DECEDENT	S USUAL OCCUPATION	N .	16b, KIND OF BUSI	NESS/INDUSTR	, White		
MARYLAND 212: retained by the hospital or att 5 should be detached for use notified at once.	COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	i i	f work done during moduse retired.) MStress	st of working	1				
AND the hospit detached	2	17. FATHER'S NAME (First, Middle, Last)	000	1113 01 633	10 MOTNED'S NAME	(First, Middle, Maiden Si				
YLA by the be deti		Frank Simms			France		imame)			
R point	BE	19e. INFORMANT'S NAME (Type/Print)	105 MAII IN	C ADDRESS (Street o		ite Number, City or Town,	Otata Tia Carlo			
MARY e retained b 5 should notified	임	Daniel Kennedy								
		20a. METNOD OF DISPOSITION				nore, Mary		21236		
LTIMORE, ath. Page 6 may be neral director. page		X ∑ Buriet 2 □ Cremetton 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	cemetery, cremetory or		7 1	h 04	timore	Maryland		
Page al dir		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	- miniey	22. NAME AN	D ADDRESS OF FACIL		r TIMOTE	, hary ranu		
4 8 - X		Jassehn Zunerel 1	3 anot		hn Funera	al Home L. Baltimo	no Md	21236		
E 5 E 3		23. PARY i. Enter the diseases, or complications that of	aused the death. Do	not enter the mo	de ot dying, such a	na cardiec or reapire	itory arrest,	Approximate		
		ahock, or heart fellure. List only one ceuse IMMEDIATE CAUSE (Final	on each ilne.		^			Interval Between Onset and Death		
ompletely fille or vernation,		disease or condition								
within within		resulting in death) e	R AS A CONSEQUENCE	OF):	X CIO	ncer!				
executed with and complet to burial, cremmatic event	_									
P.O. BOX 687(th certificate be executed ending physician and con I Hygiene prior to burial, or other traumatic er	RTIFICATION	Sequentially list conditions, If any, laading to immediata	R AS A CONSEQUENCE	OF):						
beath certificate be attending physician mal Hygiene prior try or other traumy, or other traumy.	8	cause. Enter UNDERLYING								
	Ē	thet initiates events	R AS A CONSEQUENCE	OF):						
P. C	F	resulting in death) LAST								
dear dear emta	CE	PART II Out - I - III -								
	DICAL	PART II. Other aignificant conditions contributing to de	eath but not resulting	In the underlying	j causa given in Pa	PERFORM		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
COR res that igned by ealth an	ă	- Villele				_ 1 _ YES 2 [NO	CDMPLETION DF CAUSE OF DEATH?		
REC requires been sign of Heal	ME	Hypertensi				_		1 TYES 2 NO		
S bee										
F VITAL RECO SICIAN: The law requires th certificate has been signed in the State Dept. of Health it, or Item 23 shows an	SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Check	only one)				
VITAN: AN: State State State	SICI	Y HOSFITAL:	R/Outpetient 3 - DOA	OFFIER:	5 Residence 8	Other (Specify)				
OF VI PHYSICIAN: this certifica with the St with the St	РНҮ	27. MANNER OF DEATH 280. DATE OF IN		ME OF 28c. tNJI	URY AT 2	ed. DESCRIBE HOW IN.	JURY OCCURED)		
NG PHYS frer this ceath with marked		Netural 5 Pending (Month, Day,	rear)		RK? 'ES 2 NO					
ION NDING I T death	D BY	3 Suicide A Could not be 28e. PLACE OF	NJURY — At home, term	, street, factory, office	2	St. LOCATION (Street on	d Number or Ru	ral Route Number,		
VISION ATTENDING ECTOR: After s after death	逆	4 Nomicide datermined building, etc	c. (Specify)			City or Town, State)				
DIVISION OR ATTENDING I	Ш	29e. CERTIFIER								
	COMP	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basis of examiner.						se(e) end manner se stated.		
	EC	29b. SIGNATURE AND TITLE OF CERTIFIER	7	Λ Λ	294: NCENSE NUMBE	ER	29d. DATE SJG!	HED (Month, Day, Year)		
	m	I loward H.	Smil	YW)	1)1979	ろ	17/	17/94		
F F D =	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATN (ITEM 27) (Typ	e, Print)				Basting 1		
11)	4,	The state of the s	elair Rd.	Balto., M	ld. 21236	(256-3580)			
10		31. DATE FILED (Month, Day, Your) 32. REGISTRAR:	SIGNATURE							
		JULI 4 1994 Julia Tavid	አስ							
			PETICLE					Section 1 to 1		

0	- 6
BALTIMORE, MARYLAND 21215-00	within the possible of the Pane 6 may be retained by the bosoital or attending a
LÓ.	3
-	à
3	8
Ξ	9
64	2
	20
Z	2
4	9
Į.	=
>	2
Œ	3
4	-5
5	ij
	6
шì	4
~	18
<u></u>	60
=	9
2	K
F	LL.
_	Æ
4	-6
0	ä
	2
	8
-	ě
,097	
3	Ť
Š	3
7	7

	1. DECEDENT'S NAME (First, Middle, Last) SAMUEL ZUSICA								2. D.	2. DATE OF DEATH MONTH DAY		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214–18–6917		5. SEX 1 M 2 F	5. SEX 6 AGE (In ure last hirthday)		IF UNDER	R 1 YEAR DAYB	AR IF UNDER 24 HRS. 7. D		DATE OF BIRTH (Month, Day, Year) 12/24/1913			ACE (State or Foreign
JR.	9e. FACILITY NAME (# not SINAI HOSP				1710	96. CITY BZ	ALTI	OR LOCATION OF DEATH			9c. COUNTY OF DEATH		
DIRECTOR	RESIDENCE OF DE 10a. STATE MARYLAND	10b, COUNT	ny .		10c. CI	10c. CITY, TOWN OR LOCATION BALTIMORE							
FUNERAL I	100. STREET AND NUMBE 5803 KEY A				3	101. ZIP CODE 21215				10g CTUZEN OF WH			YES 2 NO
BY	11. MARITAL STATUS 1 Never Married 2 [3 Widowed 4 Di		12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	YES 2 XNO If yes, specify Cu			ecity Cuber	NDENT OF HISPANIC ORIGIN? (Specify Yes or No— Ity Cuban, Maxican, Puerto Rican, etc.) NO Specify:			- 14. RACE — American Indian, Black, White, atc.	
COMPLETED	15. Di (Specify of Elementary/Secondary 12	ECEDENT'S EDI only highest grad (0-12)	UCATION le completed) College (1-4 or 8		(Give kind of life. Do NOT u	USUAL OCCUPATION work done during most of working se retired.) ENGINEER MARTIN MARI							
ш	17. FATHER'S NAME (First, DONALD	Middle, Last)	ZUSK	IN		18. MOTHER'S NAME (First, Middle, Melden Surnam LENA						KLITZNER	
TO B	190. INFORMANT'S NAME MRS. YETTA	ZISKIN	Zuskin		5803	KEY	AVE	. BA	LTIMOF	у .	21215		
	### METHOD OF DISPOS ### Burlal 2 Crema # Domethin 3 Dom	tion 3 - Rem er (Specify) -		206. Pi cemete BN	LACE AND DATE ery, cremetory or c NAI ISR	of DISPOS other place) AEL	of DISPOSITION (Name of her place) AEL 7/10/94			BALTIMORE, MD			
	21. BIGHATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.												
	23. PART T. Enter the	diseases, or	complications the	et caused ti	ha death. Do	6	010	REIST	ERTOWN	RD.	BALTO.		
CERTIFICATION	23. PART T. Enter the	diseases, or haert failure.	a. / SC DUE TO C.	CHEMICO (OR AS A CO	h iina.	APET OF):	O10 I	REIST	ERTOWN	RD.	BALTO.		Approximati
N: MEDICAL CERTIFICATION	23. PART I. Enter the shock, or immediate CAUSE (f disease or condition resulting in death) Sequentielly list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific	diseases, or haert failure. Finel intione, hediate ying splury usst	a. / SC DUE TO C. DUE TO d	D (OR AS A CO) O (OR AS A CO)	TONSEQUENCE O	APET OP:	O1O I	REIST de of dyli	PERTOWN ag, such as o	RD.]	BALTO., piratory arree	24b. W	Approximatinterval Bet Onset and I Onset a
MEDICAL	23. PART I. Enter the shock, or immediate CAUSE (f disease or condition resulting in death) Sequentielly list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific	diseases, or haert failure. Finel littione, nedlate yink glyling ast cent condition	b. DUE TO d	THE MID OR AS A CO	TONSEQUENCE OF TONSEQ	60 not enter	olo in the moo	REIST de of dylin SEPAS	PERTOWN ng, such as o	RD. I	BALTO., piratory arree	24b. W	Approximate interval Bett Onset and I
PHYSICIAN: MEDICAL	23. PART I. Enter the shock, or immediate Cause (f disease or condition resulting in death) Sequentielly list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific CAUSE (Disease or in that initiated events resulting in death) LA 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5	diseases, or haert failure. Finel Bittione, sediate YING sijury AST Cent condition ID MEDICAL Pending	a. JSC DUE TO D (OR AS A CO) O (OR AS A CO)	TONSEQUENCE OF THE PROPERTY OF	Fig. 15	olo in the mo	REIST de of dylin SEPAS	Ven in Part i	RD. I	N AUTOPSY	24b. W N C C O 1	Approximate interval Bett Onset and I onse	
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the shock, or immediate Cause (states or condition resulting in death) Sequentially list condition if any, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific CAUSE (Disease or in that initiated events resulting in death) LA 25. WAS CASE REFERRED EXAMINER? 1 YES 2 140 27. MANNER OF DEATH 1 Natural 5	diseases, or haert failure. Finel Hitione, hediate ying splury ust Cent condition	DUE TO D (OR AS A CO) O (OR AS A CO)	HEADONSEQUENCE OF CONSEQUENCE OF CON	AFET PF): In the use of JUHY M	26. PL	REIST de of dylin SEPAS g ceuse g ACE OF DE 8 5 Rei	Ven in Part i	RD. I andiac or real	N AUTOPSY PRIMEO? 2 PAIO	24b. W # C C C 1	Approximatinterval Bet Onset and I Onset a	
ETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the shock, or immediate CAUSE (f disease or condition resulting in death) Sequentielly list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignification of the condition of the cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5	diseases, or haert failure. Finel Hitlone, heedlate ying signly as T Cent condition To MEDICAL Pending investigation Could not be determined	DUE TO D (OR AS A CO O	IN THE INTERPRETATION OF THE INTERPRETATION	OTHEL AUNT M	olo in the moon of	REIST de of dylin SEPAS GENERAL GENER	Ven in Part i	RD. I ardiac or real	N AUTOPSY PRIMEO? 2 INJURY OCCU	24b. W A C C C C T Rural Rou	Approximate interval Bett Onset and I Onse	
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the shock, or immediate CAUSE (f disease or condition resulting in death) Sequentielly list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignification of the condition of the cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5	diseases, or haert failure. Finel ilitione, rediate YING sijury AST Cent condition I D MEDICAL Pending investigation Could not be determined RTIFYING PHYSEDICAL EXAMIN	complications the List only one ce a	D (OR AS A CO O	IN THE INTERPRETATION OF THE INTERPRETATION	OTHEL AUNT M	olo in the moon of	REIST de of dylin SEPAS GENERAL ACE OF DE BENERAL Ven in Part i	RD. 24a. WAS A PERFC 1 YES y one) Wher (Specify) OESCRIBE HOW COCATION (Street Cause(a) and m data and place, of	N AUTOPSY PRIMED? 2 AND VINJURY OCCU t and Number or enter as stated and due to the 29d. DATE to	24b. W A C C O 1 1 1 REO Pural Rou. I. cause(a) a	Approximate interval Bett Onset and I Onse	

•

	should	
	n	
	N	
	Pages 1	
	permit.	
ohysician.	ounal-transit	
0	9	
ğ	use as the	
r attendi	en en	
E H	S	
a o	ò	
bospit	stached	
Ē	0	
ã	ă	
may be retained by the h	5 should	
8	98	
may	r. pa	
9	8	
Page	dire	
eath.	funera	
5	2	2
24 hours aft	8	mou
13	=	ď.
2	Pa	č
r,	#	6
WITHIE	pletely	Cremat
9	mo	-
xecut	and co	r to buni
8	an an	r th

BALTIMORE, MARYLAND 21215-0020

quires that the death certificate be executed within a rouns after death. Page 6 may be retained by the hosp in signed by the attending physician and completely filled in by the funeral director, page 5 should be detached. It Health and Mental Hygiene prior to burial, cremation, or removal.

Nows any Injury, or other traumatic event, the medical examiner must be notified at once.

RECORDS, P.O. BOX 68760

DIVISION OF

TO THE HOSPITAL OR ATTENDING PHYS. ON TO THE FUNERAL DIRECTOR: After this Orth be filed within 72 house after death with the IMPORTANT: If item 28 is marked, or

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL	HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			TIME OF OEATH		
	IBIDUN O. AC	GBEDE				JUL		08 1994 11:45 I			ри	
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF	BIRTH	6 BIRTHPI ACE (State or Forming				
	272-74-2808 9a. FACILITY NAME (If not institution, give atm		44 YRS.	OLEV TOWN	HOURS MIN.		-31-		AFRICA			
CTOR	ANNE ARUNDEL (,			POLIS	EATH		ANNE ARUNDEL				
DIREC	10a. STATE 10b. COUNTY	ARUNDEL	18c. CITY, TO	OWN OR LOCAT	WN OR LOCATION					Dd. INSIDE CITY LIMITS?	10	
	10e. STREET AND NUMBER	101. ZIP CODE					10g. CITIZEI		IT COUNTRY?			
ER/	440 KNOTTWOOD					NIG	ERIA	4				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR ON	2 NO If yes, specify Cubsn, Mexico			NIC ORIGIN? (Specify Yes or No— 14. RACE an, Puerto Rican, etc.)				American Indian	,	
TED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USU (Give kind of work	done during mo	ON st of working	16b. K	16b. KIND OF BUSINESS/INDUSTRY					
COMPLET	Elementary/Secondary (0-12) 12TH	College (1-4 or 5+) 4yrs	SCHOOL		ed.)			RUNDF	:T. P	UBLIC	SCH	
NO.	17. FATHER'S NAME (First, Middle, Last)	7			18. MOTHER'S NA					ODBIC	DCI	
BEC	PA. J. AJAYI				JANET	r si	JUWAI	DE				
0	19a. INFORMANT'S NAME (Type/Print)	200			nd Number or Rural							
	DR. ROWLAND AGI				OOD CT.		7					
ij	1 Donation 5 Other (Specify)	val from State 200.	PLACE AND DATE OF DI TNG MEMO		PARK	7169		IDALL				
	21. SUSMATURE OF FUNERAL SERVICE LICE	SEE			ID ADDRESS OF FA							
	- Alame	+ Jhom	pen Je		CH F/H-					AVE		
Z		List only one cause on ea	ach lina.				c or respir	story arrea	t,	Approximatinterval Bet Onset and	wean	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente reaulting in death) LAST	Cause, Enter UNDERLYING CAUSE (Disease or injury that initiated evente OUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PERFORMED? 1 D PES 2 NO								AN CC	ERE AUTOPSY FIN MILABLE PRIOR TO OMPLETION OF CA F DEATH?	USE	
AN	DID TOBACCO USE C	ONIKIBUTE TO	CAUSE OF D									
2	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch							
Ė	27. MANNER OF DEATH	A The state of the							REO			
4	1 Pending 2 Accident Investigation	INJURY WORK? M 1 YES 2 NO										
	3 Suicide 8 Could not be datarmined	, factory, office 28f. LOCATION (Sin City or Town, St				eet and Number or Rural Route Number, tate)						
COMPLEIED		(Check only 1 CENTIFYING PHYSICIAN: 16 the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
DE C	34 SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER				29d. DATE SIGNEO (Month, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON WHO	ATH (ITEM OF /*	O.C.M						10,199	4		
		1.0	ATH (ITEM 27) (Type, Prin	*	et, Bal	ltimo	re, l	ary)	and	21201		
	31. JUL 1 5 1994" Ju	Le Deutschan's sign	ATURE polasse									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow to death. Page 6 may be retained by the hospital or attending physician.

THE HINEHAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be common after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.

INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMI	NT OF I	EALTH AND	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) Lonelle	ALLEN				2. DATI	E OF DEATH	S, 199 ^½	EAR	1:58A M	
	TO CAMINE CARRIED	SEX 6. AGE (In yrs. 45	YRS, lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. YRS, MONTHS DAYS HOURS MIN.				of BIRTH th, Day, Year)	8.	8. BIRTHPLACE (State or Fore Country) N.C.		
TOR	9a. FACILITY NAME (If not institution, give street FRANKLIN SQUARE RESIDENCE OF DECEDENT		9b.		EDALE	Balti			imore		
DIRECTOR	10e. STATE 10b. COUNTY MD .		10c. CITY, TOWN OR LOCATION BALTIMORE							10d. INSIDE CITY LIMITS? 1/E YES 2 NO	
RAL	10e. STREET AND NUMBER 3003 CHE	RRYLAND RD.	101. ZIP CODE					10g. CITIZEN		COUNTRY?	
BY FUNERAL		. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA 2 ■ NO If yes, specify Cuban, Maxico			en, Puerto Rican, etc.)			A. I. RACE — American Indian, Black, White, atc. Specify. AFR. AMERICAN		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) 1.2	ON 18a. ollege (1-4 or 5+)	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) LABORER				STREST	INESS/INDUST			
BE COM	17. FATHER'S NAME (First, Middle, Lest) ELMO	ALLEN			18. MOTHER'S NA						
5	19a. INFORMANT'S NAME (Type/Print) MARY ALLEN				AND RD.				,	(D)	
	20e, METHOD OF DISPOSITION 1	trom State 20b. PLAI cemetery	b. PLACE AND DATE OF DISPOSITION (Name of MARY, S CHAPEL 7/17/94				DATE 20c. LOCATION — City or Town, State EDGECOMB, CO.			Stata	
	21. SIGNATURE OF FUNERAL BERVICE LICENS		22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PL. BALTO. MD. 21217								
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the daeth. Do not anter the mode of dying, such ee cerdied shock, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease Dr condition resulting in death) hemmorrhagic hypovolemia of retroperitor DUE TO (OR AS A CONSEQUENCE OF):							ratory errest		Approximate interval Between Onset and Death	
PHYSICIAN: MEDICAL C	hepatitis, thombo	cytopenia, h sis	but not resulting in the underlying causa given in I , hypertension, diabetes CAUSE OF DEATH YES NO				PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OSPITAL:		HER:	ACE OF DEATH (Ch						
ву РНУ	27. MANNER OF DEATH 1 April 1 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 1NJURY AT WORK? M 1 YES 2 NO			28d. DESCRIBE HOW INJURY OCCURED					
- 1	3 Suicide 8 Could not be 4 Homicide detarmined	At home, farm, streat, factory, office			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	5					29d. DATE SI	9d. DATE SIGNED (Month, Day, Year) 7/13/94			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) EVELUE MEYER M. D. 8624 Liberty Plaza Mall. Randalls to un. Md. 31. PATE FILED (Month), Day, (Nat) 32. REGISTRAR'S SIGNATURE										
	JUL 1 5 1994 July	Deviden Rando	2							DHMH-18 Rev 1/89	

487.1.

IYEMS: 23 PART I, 27, PER MEO FILM G-713 7/28/94 t.t.

TO THE HURSHAL DRECTOR ATTENDING PRICIAN That we negure that the death certificate be executed withhere, hours after death, Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR After this comment has been upond by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within a thin man man man man man that after the price prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION DECIMAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR CERTIF	ICATE OF DEATH	REG. NO.									
- ()	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	YEAR	3. TIME OF DEATH							
ı	HERBERT Lee, ADAMS		JULY 1°1	9 ⁴ 4	10:12 A M							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7.77 — 3.4 — 9.77() 1. M 2 D F 5. SEX 9. AGE (in yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MY	(Month, Day, Year)	Count	" • / /							
- }	9a. FACILITY NAME (If not Institution, give street and number)	9b. CITY, TOWN OR LOCATION O	3 2/ 195	9c. COUNTY OF	ARYAND							
OR	307 SOUTH LEHIGH STREET BALTIMORE CITY											
DIRECTOR		TY, TOWN OR LOCATION			10d. INSIDE CITY							
뜸	MARY LAND	Altimore	1 PAS 2 NO									
	10e. STREET AND NUMBER		10g. CITIZEN OF	WHAT COUNTRY?								
FUNERAL	South Lehigh Street 301	2122	4	U. S.	Ar							
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		SPANIC ORIGIN? (Specify Yes oxican, Puerto Rican, etc.) pecify:	or No — 14. RAC Blac Spec	E — American Indian, ik, White, etc.							
	15. DECEDENT'S EDUCATION 16s. DECEDENT'S	16b. KIND OF BUSI	INESS/INDUSTRY	WHIE								
COMPLETED	(Specify only highest grade completed) [Give kind of life. Do NOT Lif	0/0	1									
MP	Elementary/secondary (0-12) College (1-4 or 5+) MAChiNiST ShipyARd											
BE	19s. INFORMANT'S NAME (Type/Print) 19b. MAILIN	ADDRESS (Street and Number or R	Jural Route Number, City or Town	State Zip Code)	2							
5	MARY Adams Sout	LL chich St	307 BAL	to. Hd	2112							
		OF DISPOSITION (Name of	DATE 20c. LOC	ATION - City or T	own, State							
	4 Donation 5 Other (Specify)	LAUN	7/14 1	BATTO,	Ma							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS O		TNAC	KI F.H.P.A							
	23. PART I. Enter the diseases, or complications that caused the death. Do	not entar tha moda of dying,	such as cardiac or reapir	atory srrest,	Approximate							
	shock, or heert feliure. List only one ceuse on eech line. IMMEDIATE CAUSE (Finel				interval Between Onset and Death							
	disease or condition											
	resulting in death) a. MYUCARDIAL FIBRUSIS DUE TO (OR AS A CONSEQUENCE OF):											
O.	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of	DF):			<u> </u>							
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury											
	that initiated events resulting in death) LAST	OF):										
CERTIFICATION	d											
	PART II. Other eignificent conditions contributing to deeth but not resulting	in the underlying ceuse give	n in Pert i. 24a. WAS AN /		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO							
PHYSICIAN: MEDICAL			1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?							
ME					1 - YES 2 - NO							
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE O	26. PLACE OF DEATH	NO 🔲									
SICI	EXAMINER? 1 X XES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA	OTHER: 4 Nursing Home 5X Maside										
Ή	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TH	WE OF 20c. INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED								
ВУ Р	1 \(\bigce\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	M 1 YES 2 NO										
COMPLETED	3 Suicide 8 Could not be 4 Homicide 8 Could not be dstarmined 28e. PLACE OF INJURY — At home, farm, building, atc. (Specify)	street, factory, office	261. LOCATION (Street st City or Town, State)	nd Number or Rural	Route Number,							
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occur	red at the time, data and place, and	due to the cause(s) and meni	ner as stated,								
Ö	One) XIX MEDICAL EXAMINER: On the basis of examination and/or investigation	on, in my opinion, death occured a	t the time, date and place, and	due to the cause(s) and manner as stated.							
BEC	29b. SIGNATUNE AND TITLE OF CERTIFIER	NUMBER	29d. DATE SIGNE	D (Month, Day, Year)								
2	7 Modere M. King, mid,	0.C.	M.E	JULY	12,1994							
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typ	100		_								
	31. DATE FILED (Month Alba, Year) #1. 32.MEGISTRAR'S SIGNATURE	n Street, Ba	Itimore, M	arylan	d 21201							
	JULI 5 1994 July Dendon Randelle											

II.
9
0
1
00
9
×
-
0
m
-
0
- "
О.
40
S
0
00
-
\circ
-
()
ш
00
labor .
d
-
\vdash
_
-
-
1.4
ш.
0
\circ
-
Z
_
10
U)
_
>
-
0

				Į
OR ATTENDING PARKICIAN. The law renuities that the death neithfrate he exercited within a four soften death. Date & may be retained by the breaket no extending the security of the security o	THE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should	Thours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremoral.	If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
100	1	42	=	
79				

	FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND /	DEPARTM	MENT OF H	EALTH AND DEATH	MENTAL	HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF OEATH	•		3. TIME OF OEATH	
	Charles	s Bardn	1 P. Y				монтн	٥	AY C	YEAR Q4	2.45a m	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. las	t birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (OF BURTH			PLACE (State or Foreign	
	217-56-9998 9a. FACILITY NAME (If not institution, give str	HOURS MIN.	FEB. 8, 1953 MISSISSIPPI									
DIRECTOR	LIBERTY MEDICAL C	,			BALTI		N OF DEATH 9c. COUNTY OF DEATH N/A					
ည္အ၂	10a. STATE 10b. COUNTY			10c. CITY, TO	OWN OR LOCAT	ION					10d. INSIDE CITY	
ᡖ	MD N/A			BALT	IMORE			LIMITS?				
	10e. STREET AND NUMBER			ZIP CODE	_		HAT COUNTRY?					
	2432 LAKEVIEW AVE	NUE.				21217			1 77	S.A.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AR	MED	13. WAS OEC	ENDENT OF HISPA	NIC ORIGIN	7 (Specify Ye			- American Indian,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced Never Married 2 Married Widowed 4 Divorced FYES, GIVE WAR OR OATES 1 YES 2 NO 1 YES 2 N						an, Puerto R			Bleck Specif	, White, etc.	
	15. DECEDENT'S EDUC	IAL OCCUPATION	IN	166	KIND OF BU	SIMESSINO	HETEV	DLACK				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) LOTH N/A CONSTRUCTION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) ROOF ING COMPANY											
2												
∑	17. FATHER'S NAME (First, Middle, Lest)	IV/A		CNSTRU	CIION	18. MOTHER'S NA	AME (Fire) M	liddle Meiden	Sumamal			
	EDWARD BARDNEY					LOUELLA			Surramej			
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING AD			on State 7in	Codel				
임	LOUELLA BARDNEY								1017			
	20a. METHOD OF DISPOSITION		AVE./BA		_							
	20a. METHOD OF DISPOSITION ***Toburial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of cometery, crematory or other place) WESTERN STAR CEMETERY 20c. LOCATION — City or Tow Cameria, Cremetion STAR CEMETERY											
	21. SIGNATURE OF FUNERAL SERVICE LICE		MESTE	RN SIF			MCILITY	CAI	UNSV.	ركالللا	, MD	
	MARCH F.H. EA								ттмор	F. M	מוצר ח	
	23. PART I. Enter the disesses, or complications that coused the desth. Do not enter the mode of dying, such as cardiac or reapiratory arreat, shock, or heart fellure. List only one couse on each line. IMMEDIATE CAUSE (Final											
	disesse or condition resulting in desth)	DU CV	Whel	WALVA COURNER OF): -	S .	epsis						
z		Rou	ad 4	Failu	ve						į	
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEC	UENCE OF):								
5	Cause. Enter UNDERLYING CAUSE (Disease or injury	Hy	00 91	U CCM	ia				114			
	that initisted events				_							
CER	resulting in death) LAST	B1/0	atera	ul.	Pneur	NONICA						
	PART II. Other significent conditions	contributing to dea	th but not re				Part i	24a, WAS AN	AUTOPSV	1 245	WERE AUTOPSY FINDINGS	
CAL						dada given in		PERFOR	RMED?	71755	AMILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC								1 TYES 2	NO NO	1	OF DEATH?	
Σ	DID TOBACCO USE C	ONTPIRITE T	O CAUS	E OF D	EATH V	ES NC					1 TYES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL	OITIKIDOIL I	O CAUC									
PHYSICIAN:	EXAMINER?	HOSPITAL:	_		THER:	ACE OF DEATH (Ch						
2	1 VES 2 NO 27. MANNER OF CEATH	1 Ninpstient 2 ER/				5 Realdence	_					
	1 Natural 5 Pending	28a, OATE OF INJL (Month, Day, Ye		28b. TIME OF	WO	RK7	28d. DES	CRIBE HOW I	NJURY OCC	URED		
E E	2 Accident Investigation	20. 01.005.00.111				ES 2 NO						
COMPLETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, etreet, factory, office building, etc. (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
וב	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my l	nowledge, des	oth occurred a	the time, date	end place, and due	to the caus	te(s) and mar	nner en etete	rd.		
5	one) 2 MEDICAL EXAMINER										end menner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER			-4800				,				
#	011	T 11	المدادة	1.00-		29c. LICENSE NU			29d. DATE	1	(Month, Day, Year)	
2	38: TRAME AND ADDRESS OF PERSON WHO			1100		03899	15		7	108	94	
	Herron Elder n			-DW 60		+ Bal	timo	ve 1	NV Z	120		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S								===		

30015 40

BALTIMORE, MARYLAND 21215-0020	re seath certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Mental Hygiene prior to burial, cremation, or removal.
		filled ion, c
DS, P.O. BOX 68760,	leath certificate be executed within	the attending physician and completely filled in by the Mintal Hygiene prior to burial, cremation, or removal.

Injury, or other traumatic event, the medical examiner must be notified at once,

RDS, P.O. BO

DIVISION OF VITAL

TO THE HOSPITAL OR ATTENDING PHYSCIAN: The Language Capital RAFFAL DIRECTION After this entiticise has been after with the State Development after 28 is marked, or litem 28 is 3.00 morked, or litem 28 is marked.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	A DECEMENTAL MALE CONTRACTOR AND ADDRESS OF THE PARTY AND ADDRESS OF TH				<u> </u>	01	DEA			G. NO.				
		GINIA	В	ROWN					2. DATE OF DE		2 19	194	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 411-40-1677	5. SEX 6.	AGE (In yrs. lest		IF UNDER	DAYS	IF UNDER	MIN.	10-31-1917 NORTH			CAROL	∍ign INA	
TOR	98. FACILITY NAME (If not institution, give str 868 BRIGHTON P		96. CITY, TOWN OR LOCATION OF DEATH GLEN BURNIE					9	* ANNE ARUNDEL					
DIRECTOR	106. STATE 10b. COUNTY A	toc.GITY	EN O	R LOCAT	ÖRNI	E	LIMITS?			d. INSIDE CITY LIMITS?	NO.			
	100. STREET AND NUMBER 868 BRIGHTON P		101. ZIP CODE 21061					10g. CITIZEN OF WHAT U.S.A.			28			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF IF YES, GIVE WAR	YES 2 ZN	MEO IO	- 10	yes, sp	city Cuba	of HISPANI n, Maxican Specify:	NIC ORIGIN? (Specify Yea or No— 14. RACE — Am an, Puerto Rican, atc.) 14. RACE — Am Black, White			American India hita, atc. WHITE		
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION Completed	16a. DE0	CEDENT'S U	SUAL OC	CUPATIO	N		16b. KIND	OF BUSINE	ESS/INDU	STRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) NONE	life.	SAL	retired.)	unng mo	st or workir		RI	ETAI	L			
BE CO	17. FATHER'S NAME (First, Middle, Last) NEWTON B.	CLAR					P.	ASKI		RE'	VIS			
10	19a. INFORMANT'S NAME (Type/Print) NATHAN BROW	N	8	68 B	RIG	OTH	N PI		· ·	BUR	NIE	, MD	. 2106	51
	20a METHOO OF DISPOSITION 1 N Burlal 2 Cremettee Remet 4 Donation 1 Other (Scotty) 21. BIGNATURING FUNERAL SERVICE LICE	A	CEDA:		LPInce) (CEM	ETE		1994		OKLY	YN P	ARK, N	
	21. BIGNATURE OF FUNERAL SERVICE DO	ENSEE] GL	SEC	BUR1	SS OF FAC NIE,	NUE IN MARY	GLET LAND	ON E	FUNE	RAL HO	OME,
CERTIFICATION	Approximate sinterval Between Onset and Deeth													
EDICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?													
AN: M	DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF	DEAT							1 1	YES 2 N	•
[등	EXAMINER?	HOSPITAL:	200.4		OTHER	:			ck only one)					\neg
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF IN. (Month, Day,	JURY	26b. TIME	OF	26c. INJ			28d. DESCRIBE		IRY OCCU	IRED		0
TED BY	2 Accident Investigation 3 Suicida 6 Could not be determined	26a. PLACE OF II building, atc	NJURY At hor . (Specify)	ma, farm, st	reet, tacto				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CONTROL OF MEDICAL EXAMINER												d menner aa sti	eted.
TO BE C		makeny	-				29c. LICI	FA 5	BER	25	d. DATE	SIGNED (MG	onth, Day, Year)	•
1-		ANBZAN	M.M.			wec	# 89	. }	ALTO 1	mp	21	225		
	31. DATE FILEO (Month, Dey, Year) JUL 1 5 1994	32. REGISTRAR'S		R.										
													DHMH-16	Day 1/90

1551

and the second of the second o

TO THE HOSPITAL OR ATTENDING PAYS MAN The property of the past certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this part of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the standard of the purity of the principle prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, of liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

ECORDS, P.O. BOX 68760.

Item # 16b Film # G 713 07-15-94 N.A. Per funeral Home

	1 - FOR STATE REGISTRAR	STATE OF MAR	RYLAND /	DEPAR	TMENT	OF H	EALTH	AND I	MENTAL	HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)			_					2. DATE	OF DEATH	v ,	YEAR 3	. TIME OF OEATH	
- 6	ERVIN DAVIS	BARHAM	SR	_					JUL.	Y 12	1994		09:18 A M	
0	4. SOCIAL SECURITY NUMBER 223-44-7130	5. SEX 6. A	NGE (In yrs. lest	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.		De BIRTN Day, Year) 16-36		Country)	LACE (State or Foreign	
	9a. FACILITY NAME (if not institution, give	street and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF DE		10 50	9c. COUNT			
DIRECTOR	3909 glenhunt			BAL	TIM	ORE								
E	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	ION					1	Od. INSIDE CITY	
	100. STREET AND NUMBER				BA	LTO							YES 2 NO	
FUNERAL	3909 GLENHUN	T RD		101. ZIP COOE 2.1.2.2.9						10g. CITIZEN OF WHAT COUNTY				
N S	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARM	MED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify								. RACE -	- American Indian,	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	OR DATES	o			2 XNO			ican, etc.)		Specify:	White, etc. BLACK	
COMPLETED	Elementary/Secondary (0-12) 1 2 TH	College (1-4 or 5+)		INT	,					Roake POAK	Enter D DN	rpris	e ODICE	
ш	17. FATNER'S NAME (First, Middle, Last) DEWEY BARHAI	M						ELLI	- '	iddle, Meiden BARNE				
TO B	19a. INFORMANT'S NAME (Type/Print) CLARA URQUH)	ART		MAILING			nd Number			er, City or Town			3523	
	20a. METNOD OF DISPOSITION t X Burlet 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE A	ND DATE	OF DISPOS	ITION (Na	me of	2 V	DATE	20c. LO	CATION CIT	y or Town	n, State	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		OF TOUR PRINCIPLE OF THE PRINCIPLE OF TH								OMO, N.C.		
	- Humin	D-4-co	H							r 43			SH AVE	
	23. PART . Enter the disasses, or shock, or heart failure.	complications that cal List only one cause of	usad the das on each line.	th. Do r	ot entar	tha mo	da of dyl	ng, sucl	h as card	ac or respi	ratory srrea	t,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	\rteriosc	lerot	ic (Card	iov	ascı	ılar	Di	sease			Onset and Death	
_														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
FIC	csuse, Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR	AS A CONSEO	UENCE O	f);		-							
ERT	resulting in death) LAST	d												
AL C	PART II. Other significant condition	na contributing to das	th but not re	aulting in the undarlying cause givan in					Part I. 24s. WAS AN AUTOPSY				VERE AUTOPSY FINDINGS	
									_	PERFOR		C	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC	DID TODACCO HER	CO. 170101177											☐ YES 2 ☐ NO	
AN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	IO CAU	SE O	F DEA		_		ock only one	Inqui	ry			
Sic	EXAMINER? XXYES 2 \(\text{NO} \)	HOSPITAL:	Outpatient 3	□ DOA	OTHER	1:			8 C Other					
	27, MANNER OF DEATN 1 Netural 5 Pending	28a, DATE OF INJU (Month, Day, Ye	JRY par)	28b. TIM INJ	E OF URY M		URY AT RK? 'ES 2	NO.	28d. DEŞ	CRIBE NOW I	JURY OCCU	RED		
D 84	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IN. building, etc.	JURY — Al hon (Specify)	ne, ferm,	street, fact			, NO		TION (Street a	nd Number or	Rural Rou	ite Number,	
ETE	4 Nomicide detarmined								Oily 0	r rown, state)				
COMPLETED		ER: On the best of my i											and manner as stated.	
BEC	29b. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUMB								Aonth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WE	NO COMPLETED CAUSE OF	F DEATH (ITEM	27) /Time	Prints		0.0	.М.	Е.		▶JUI	.Y 1	.2 1994	
	Theodore King	M.D. 11	l Peni			t,	Balt	imo	re,	Mary	land	212	201	
	31. DATE FILED (Month, Day, Year) JUL 1 5 1994	32. REGISTRAR'S	SIGNATURE											
	OOF T 1) 1334	Valiet inde	Traction !	200									DHMH-18 Rev 1/89	

-

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	sit permit. Pages 1. 2. 3 should	
Sian.	-trans	
mysic	wrial	
ng p	the b	
tendi	35	
or at	USe	
ital	d for	
hosp	ache	
the the	det	
g G	eq p	
retaine	5 shou	
A pe	аде	
ma	tor. p	
30e	direc	
4	eral	
deat	fun	
after	y the	r removal
SINC	Ë	If ref
Ĕ	filled	On. C
	tely	matic
W	mple	Cre
cute	00 p	unal
6006	пап	000
te be	sicia	prior
trifica	D Ph	ene
Ce	ndin	HAD
deat	atte	entai
the ch	y the	MP
that	ed b	th ar
vires	Sign	Hea
Led /	been	10
9	has	Ded
=	cate	State
CIA	ertifi	the !
HYS	his c	Aith
NG P	ter t	ath
N	R: Al	er de
E A	05	irs after
	77	S

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	MY	YEAR	3. TIME OF DEATN	\neg
			. Bright	SR.							994	1830	М
	18	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs	(In yrs. last birthday) #F UNDER 1 YEA MONTHS DAY			IF UNDER 24 HRS HOURS MIN.	7. DATE OF BIRTIN (Month, Day, Year) 11/20/63	7. DATE OF BIRTIN (Month, Day, Year) 11/20/63 8. BIRTINPI Country) BALT			
should	~	9e. FACILITY NAME (If not institution, give						OR LOCATION OF		9c. COUN	TY OF DE		\neg
1. 2. 3	стов	Johns Hopkins	<u>Hospita</u>	1	-	I	Balt	imore					_
Pages	DIREC	10e. STATE 10b. COUNT	TY			Y, TOWH		TION	10d. INSIDE CITY LIMITS?				\neg
mit.	AL D	MARYLAND 100, STREET AND NUMBER			BAL	TIMO		H. ZIP CODE		I the CITE		YES 2 NO	\dashv
nsit pe	PLETED BY FUNER	1724 N. COLLING	TON AVE.					21213		USA		iai cociiiiii	
he burial-tra		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	NO	If yes, s	CENDENT OF NISE pecify Cuben, Mex S 2 X NO Spe	can, Puerto Rican, etc.)	NIC ORIGIN? (Specify Yes or No— 14. RACE — American an, Puerto Rican, etc.)			N	
38 38		15. DECEDENT'S EDI	16e.	DECEDENT'S	USUAL (OCCUPATI	ION	16b. KIND OF BU	ISINESS/IND			\dashv	
hed for us		(Specify only highest grade completed) Elementary/Secondery (0-12) 1 2 (Give kind of work done during most of working life. Do NOT use retired.)											
be detach at once.		17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) JOHN C. BRIGHT MILDRED BRIGHT											
5 should notified	38 C	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Statu, Zip Code)											\dashv
be no	5	MILDRED BRIGHT 1724 COLLINGTON AVE, BALTIMORE, MARYLAND. 2											
ector. p		20e. METHOD OF DISPOSITION 1 XSuriel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION / Name of Campaigny, cremetory, or other place)											
funeral dire examiner		4 Donation 5 Donation 5 Other (Specify) WESTERN STAR CEMETERY 7/18/94 CATONSVILLE, 12. SIGNATURE OF JUNERAL SERVICE LICENSEE											\neg
al.	1	ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MD. 2											
signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlal-transit permit. Pages Heatth and Mental Hygiene prior to bunlal, cremation, or removal.	_	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a											
ttending physician and tal Hygiene prior to bu , or other traumati	CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.											
igned by the att ealth and Menta rs any injury,	EDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?											
Dept. of Heal	Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO											
DIRECTOR: After this certificate has been nours after death with the State Dept. of Item 28 is marked, or Item 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? VE YES 2 NO	HOSPITAL:	ED/0+441	A [] 50:	OTHE	R:	PLACE OF DEATH (二
th the	PHYS	27. MANNER OF DEATN	26a. DATE OF I	NJURY	26b. TIR	AE OF	26c. IN	JURY AT	e 6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	CURED	·	\dashv
tter this sath will marke	ВУ	1 Disture 5 Pending 2 Accident investigation	(Month, Da	2.94	130	O M	1 🗆	YES 2 NO	BICYCLI	ST ST	Ruci	< BY AUT	0
after de	<u>a</u>	3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF building, a	tc. (Specify)	t home, farm,	-	ctory, offi	Ce	28f. LOCATION (Street City or Town, Stell	end Number	or Rural Ro	S CT	
EFA DIREC	SMPLET				, death occur	ed at the			ive to the cause(s) and me			and menner as stated	d.
THE REAL PROPERTY.	E	286. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE N				Month, Day, Year)	\dashv
	TO B	30. NAME AND ADDRESS OF BERSON W	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type	o, Print)		O.C.M	L.E.	•	July	13 1994	1
		Ann M. Dixo	n, MD.	11	ll Pe		Str	eet, Ba	altimore,	Mary	/lan	d 21201	
		31. DATE FILED (Month, Day, Year) -JUL 1 5 1991	32. REGISTRAF	R'S SIGNATUR	ΙÉ				-				
ı		0	Swidson	- and	00	-						DHMH-16 Res	4/20

\succ
α
-
A
ш
0
š
\vdash
d
BAL
d
1
30,
760,
8760,
68760,
K 68760,
OX 68760,

.AND 21215-0020 **DIVISION OF VITAL RECORDS**

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. About after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be paptified at once.		9		
0005	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Rours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be applifted at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			ERITE	ICATE	OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle	, Lest)						2. DATE OF DEATH			3. TIME OF DEATN	
	TANK	O DDANKE TAX	D-01111111					MONTH D/		YEAR		
		ES FRANKLIN						July 13, 1994			M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	est birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign	
		1 1 M 2 □ F	69	YRS.	MONTHS	DAYS	HOURS MIN.	OCT. 12,	1924	Countr		
	214-20-8475		09					MAR	RYLAND			
	9n. FACILITY NAME (If not inetitution	, give etreet end number)			9b. CITY,	TOWN C	R LOCATION OF DE	LOCATION OF DEATH 9c. COUNTY			EATN	
۳ J	1315 Broadway	D.A			LUTHERVILLE Baltin							
6	RESIDENCE OF DECEDE	NU.			ДО 1.	11111	41111		Baltimore			
DIRECTOR		COUNTY		100 CIT	Y, TOWN O	D L OCAT	ION				40.4 (1)(0)(0)(0)(0)(0)	
				100.011	r, 10mm 0	n Local	ION			- 1	10d, INSIDE CITY LIMITS?	
	Md.	Baltimore		LUT	HERV.	ILLE					1 YES 2 X NO	
FUNERAL	10e. STREET AND NUMBER					101	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
2					27-27-27-27						2000	
뿌	1315 Broadway	Rd					21093			JSA		
5	11. MARITAL STATUS		NT EVER IN U.S. A		13. \	WAS DEC	ENDENT OF NISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE	E — American Indian,	
	1 Never Married 2 Merrie		1 X YES 2 T	NO If yes, specify Cuben, Mexican, Puerto Rican, atc.)							k, White, etc.	
ΒY	3 Wildowed 4 Divorced		KOREA			U 123	z grano specin	,.		apeci	WHITE	
	15. DECEDENT	S EDUCATION	140- 10	COEDENTIO	1001111 00	201101710		T				
COMPLETED	(Specify only higher		100. 0	ECEDENT'S Give kind of v e. Do NOT us	vork done	during mo	st of working	16b. KIND OF BUS	SINESS/INI	DUSTRY		
Щ	Elementary/Secondary (0-12)	College (1-4 or 5	+}	e. Do NOT us	e retired.)							
<u>a</u>	12	3	Sel	Lf Emp	love	5e		Marginia	Sun	olu (Tnc	
≥	17. FATHER'S NAME (First, Middle, L.	et)								OTY (co. The.	
8								ME (First, Middle, Meiden	Surname)			
BE	ALOYSIUS	THOMAS	BENZ	INGER			MAUDE			GAY		
	190. INFORMANT'S NAME (Type/Prin	O Elizabath	1:	9b. MAILING	ADDRESS	(Street a	nd Number or Rural F	Route Number, City or Tow	n Stete Zis	Codel		
G.	190. INFORMANT'S NAME (Type/Print) ABETH M. BENZIN	CED Benzing	rer								0.3	
014		OEK SCHEEN	, , ,	1312	BRUA	DWAY	ROAD LU	THERVILLE,	MD.	210	93	
	20e. METHOD OF DISPOSITION ↑ Burlel 2 □ Cremetion 3 □							DATE 20c. LO	CATION -	City or To	wn, State	
	4 Donatton 5 Other (Specifi		cemetary, cr	her place								
4 Donnition 5 Other (Specify) 21. SIGNATURE OF FUNERAL SETRICE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY										1110.		
	Te.	DE LICENSEE										
	PKOBN B	Lator			Ruck Towson Funeral Home Inc.							
-	4		,		- 10	1050 York Rd. Towson, Md 21204						
	23 PART I. Enter the disease	s, or complications th	st caused the d	leath. Do n	ot enter	the mo	de of dying, suci	h ss cerdiac or reapi	ratory ar	rest,	Approximate	
- 1		ilure. List only one ca	use on aach lin	ie.							Interval Between	
1	IMMEDIATE CAUSE (Finsi disesse or condition	1.	- 10.4			1. 1	4 1	,			Onset and Death	
ļ	resulting in death)	a. ACU	TE IVI	VOC	and	ral	+ntar	ction			minutes	
		a. ACU pue ro Due ro	OR AS A CONSI	EQUENCE OF	ŋ:	_						
- 1		- (00	ONDICY	Ar	teru	1	SPACE				Dave	
õ	Sequentially list conditions,	DUE TO	OP AS A CONS	OHENCE OF	0	U	106430				1007	
CERTIFICATION	if sny, leading to immediate	1	- 1	OULITOR OF	,.						Lacion	
0	CAUSE (Disease or Injury	< - H	Yperto	ensi	pn						Jeurs !	
	that initiated events	DUE TO	OR AS A CONSE	EOUENCE OF	7:							
눈내	resulting in death) LAST											
, H		d.										
	PART ii. Other algnificant cor	nditions contributing to	death but not	resulting l	n the un	derivino	cause given in	Part I. 24s. WAS AN	ALITOPSY	24h	. WERE AUTOPSY FINDINGS	
EDICAL								PERFOR			AWAILABLE PRIOR TO	
ĕ I								1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
Σ	DID TOBACCO US	E CONTRIBUTE	TO CALL	SE OF	DEAT	H VI	S T NO				1 YES 2 NO	
3					ואכוו	1 11	3 140					
31	25. WAS CASE REFERRED TO MEDI EXAMINER?					_	ACE OF DEATH (Ch	eck only one)				
<u>s</u> 1	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 □ DOA	OTHER		- S V Booldones	8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	26e, DATE O		26b. TIM		28c, INJ			N III DV OO	OUDED		
<u>a</u>	Natural 5 Pendin	(Month.	Day, Year)		URY	WO	RK?	26d. DESCRIBE HOW I	NJUHT OC	CUMED		
BY	2 Accident Investig				М	1 🗌 1	ES 2 NO					
	3 Suicide 6 Could	28e. PLACE	OF INJURY - At h	ome, term, s	treet, tacto	ory, offic		28f. LOCATION (Street	and Numbe	r or Rural F	Route Number,	
ш	4 Homicide determi		, etc. (Specify)					City or Town, State)				
COMPLETED	29e. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of	f my knowledge, d	leath occurre	d at the ti	me, date	end place, end due	to the ceuse(e) end man	mer se sta	ted.		
≅ ∥		(AMINER: On the basis of) and manner on stated	
8			1		,,	p	outil occurred at the	time, date and place, an	- 000 to to	ine couse(s) who mornior or stated.	
шШ	29b. SIGNATURE AND TITLE OF CE	HTIEIGH / // V /A	4.11	LAN			29c. LICENSE NUN	ABER /	29d. DAT	E SIGNED	(Month, Day, Year)	
ω		CARRIE XII	1000	MD			DZUI	24	•	7/1	3/94	
2	TO NAME AND ADVOCUS OF HERE	OMANO DOMAN	ne or ne		21.0		VV71	- 8		1/10	1/7	
	30. NAME AND ADDRESS OF PERS	WHO COMPLETED CAL	SE OF DEATH (IT)	UM 27) (Type)	PRIVATE							
	John Milto M	.D. 7600 Os	ler Dr	Towe	on I	Md	21204					
1,000	Table 1 and sold but 1000011, Ma. 21204											
	31. DATE FILED (Month, Day, Man	32, REGISTR	AR'S SIGNATURE					-				
	31. DATE FILED (Month, Day,	32, REGISTR	AR'S SIGNATURE	latt								

0.0

... %

0	PHY	this	
0	a dig	S	
3	Š	ß.	
ē	80.3	5/2	
	OSPITT	FUNE HA	
	1	□ 3	
	TO THE HOSF	THE FL	

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR				CATE OF		REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Las	11)					2. DATE OF DEATH			3. TIME OF DE	ATH
	LEWIS				BUTLE	ER . Jr.	JULY 10		9 4	11:55	7. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		-	IPLACE (State or	
	220-12-7731	1- M 2 □ F	(7	YRS.	ONTHS DAYS	HOURE MIN.	(Month, Day, Year)		Countr	γ)	
	90. FACILITY NAME (If not institution, give		67		Oh CITY TOWN	OR LOCATION OF	4-07-19		New NTY OF D	Jersey	
Œ					D. CIT, IOWN	OR LOCATION OF	PEAIN	9c. COU	NIT OF D	EATH	
CTOR	3315 WINTERBO	TIMORE									
2	10e. STATE 10b. COU	TOWN OR LOCA	ATION				10d. INSIDE CI	rv			
DIRE	Md.	altimo	6				LIMITS?				
	10e, STREET AND NUMBER					Of. ZIP COOE		T		1 X YES 2	
FUNERAL		_			1 "		,			VHAT COUNTRY	
빌	3315 Winterbo		oad			2121			U.S.A	Α.	
₽	11. MARITAL STATUS 1 X Never Married 2 Married	12. WAS DECEDED	NT EVER IN U.S. AR 1 📉 YES 2 🔲 1	MED IO	13. WAS DE	CENDENT OF HISP pecify Cuban, Maxi	ANIC ORIGIN? (Specify Yes can, Puerto Rican, etc.)	or No-	14, RACE Black	- American Inc. White, etc.	dlen,
B	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES			S 2 NO Spe		i	Speci	ήy:	
	15. DECEDENT'S E		to 7-14-		1					Black	
ETED	(Specify only highest gri		(G	ive kind of wo	SUAL OCCUPAT		16b. KIND OF BUS	SINESS/INI	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT use		m 1-	Dales	0	C 777		0-
once.			M	ainte	nance	Tech.	Balto	Gas	α L.	lectric	CO.
E 8	17. FATHER'S NAME (First, Middle, Last)	-					IAME (First, Middle, Maiden				
BE at	Lewis Butler,	Sr.				Rob	erta Nelson				
TO BE COM	19a. INFORMANT'S NAME (Type/Print)		190	. MAILING A	DORESS (Street	end Number or Run	I Route Number, City or Tow	n, State, Zij	Code)		
2 5	Marvina Brooks			5484	Wild I	Lilac C	olumbia, Ma	ry1a	nd 21	1045	
8	20s. METHOD OF DISPOSITION				DISPOSITION (N	lame of	OATE 20c. LO	CATION —	City or To	wn, Stata	
Ē	1 Donation 5 Other (Specify)	moval from Stata	Cross	matory or othe	er placa) n.t. Cron	atory 7	-12-1994 В	21+i1	more	Mary 1	and
혈	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	GIEE	II NOU	22. NAME /	AND ADDRESS OF	FACILITY				and
am am	120.00.	Mark	M	00550	Bra	adley-As	hton Funera	1 Hor	me,	Inc.	
	Ptuliep -	V -			213	34 Willo	w Spring Ro	ad :	21222	2	
medical examiner must	23. PART I. Enter the diseases, o shock, or heart fallur	e. List only one ce	use on each line				_				Between
the state of	IMMEDIATE CAUSE (Finel disease or condition	AIL	0	. 1.	0	1-1-5	cular D			Onset a	nd Desth
m,	resulting in death)	S. DUE TO	OR AS A CONSE	W T C	Cour	o (cavas	auran +	176	ase		
20		502 10	ON AS A CONSE	DOENCE OF J.							
	Sequentially liet conditions,	b. DUE TO	OR AS A CONSEC	DUENCE OF							
희는	If any, leeding to immediate		,	,							
E S	cause. Enter UNDERLYING		OR AS A CONSEC	DUENCE OF):						-	
FI C	CAUSE (Diseese or injury	c. DUE TO								i	
TIFICA		DUE TO	(On AS A CONSEC							- 1	
y, or other traumatic	CAUSE (Diseese or injury thet initieted evente	d.	TON AS A CONSEC								
injury, or other tra	CAUSE (Diseese or injury thet initieted evente	d		eeulting In	the underlying	ng cause given l			24b.	. WERE AUTOPSY	
any injury, or other tra	CAUSE (Disease or injury thet initiated evente resulting in death) LAST	d		eeulting In	the underlying	ng cause given l	BERFOR	MEO?	24b.	WERE AUTOPSY AVAILABLE PRIO COMPLETION OF	R TO
ws any injury, o	CAUSE (Disease or injury thet initiated evente resulting in death) LAST	d		eeulting In	the underlying	ng cause given l	BERFOR		24b.	AWAILABLE PRIO COMPLETION OF OF OEATH?	R TO CAUSE
ogs	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent conditions and initiation of the conditions are included in the condition are included in the conditions are included	done contributing to	deeth but not r				PERFOR	MEO?	24b.	AVAILABLE PRIO	R TO CAUSE
23 sho AN: M	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent conditions to the condition of the conditi	done contributing to	deeth but not r		DEATH Y	YES No	D D RERFOR	MEO?	24b.	AWAILABLE PRIO COMPLETION OF OF OEATH?	R TO CAUSE
23 sho AN: M	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent conditions to the condition of the conditi	contributing to	e deeth but not r	SE OF	DEATH Y		D D RERFOR	MEO?	24b.	AWAILABLE PRIO COMPLETION OF OF OEATH?	R TO CAUSE
SICIAN: M	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	CONTRIBUTE HOSPITAL: 1 Inpellent 2	TO CAUS	E OF	DEATH \\\28, F	YES NO	D D RERFOR	MEO?	24b.	AWAILABLE PRIO COMPLETION OF OF OEATH?	R TO CAUSE
or Item 23 sho HYSICIAN: M	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	contributing to	TO CAUS	SE OF	DEATH 28. F OTHER: Nursing Hoto OF 28c. IN	YES NO	D D NES 2	MEO?		AWAILABLE PRIO COMPLETION OF OF OEATH?	R TO CAUSE
or Item 23 sho HYSICIAN: M	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	CONTRIBUTE HOSPITAL: 1 Inpalient 2 28s. DATE OI	TO CAUS	DOA 26b. TIME	DEATH 128, FOTHER: OF 28c, IMPRY 28c, IMPRY 28c, IMPRY W	YES NO	Other (Specify)	MEO?		AWAILABLE PRIO COMPLETION OF OF OEATH?	R TO CAUSE
Is marked, or Item 23 sho D BY PHYSICIAN: M	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent conditions and investigation of the condition of the condit	CONTRIBUTE HOSPITAL: 1 Inpellent 2 26e. DATE Of (Month, L) 26e. PLACE Of	ER/Outpetlent 3 F INJURY OPY, Year) OF INJURY — At ho	DOA (DEATH 28. F	YES NO PLACE OF DEATH (I mme 5 \$\overline{X}\$ Residence JURY AT ORK? YES 2 \sum NO	Check only one) 6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OC	CURED	AMALABLE PRIO COMPLETION OF OEATH?	R TO CAUSE
18 Is marked, or Item 23 sho ED BY PHYSICIAN: M	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending investigation	CONTRIBUTE HOSPITAL: 1 Inpellent 2 26e. DATE Of (Month, L) 26e. PLACE Of	ER/Outpatient 3 FINJURY Day, Year)	DOA (DEATH 28. F	YES NO PLACE OF DEATH (I mme 5 \$\overline{X}\$ Residence JURY AT ORK? YES 2 \sum NO	Check only one) 6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OC	CURED	AMALABLE PRIO COMPLETION OF OEATH?	R TO CAUSE
18 Is marked, or Item 23 sho ED BY PHYSICIAN: M	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent conditions and in the conditions are conditionally as a condition of the con	CONTRIBUTE HOSPITAL: 1 Inpalient 2 26e. DATE Of (Month, L) 26e. PLACE of building	ER/Outpetlent 3 FINJURY DF INJURY — At ho, etc. (Specify)	DOA CONTRACTOR OF THE CONTRACT	DEATH 28. F OTHER: Nursing Hoto OF 28c. IN W 1 est, factory, offi	YES NO PLACE OF DEATH (I me 5 X Residence JUNY AT ORK? YES 2 NO	Direct only one) 6 Other (Specify) 28d. DESCRIBE HOW I 28l. LOCATION (Street a City or Town, State)	NJURY OC	CURED	AMALABLE PRIO COMPLETION OF OEATH?	R TO CAUSE
Item 28 Is marked, or Item 23 sho PLETED BY PHYSICIAN: M	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent conditions and incomplete the conditions are incompleted as a condition of the conditions are incompleted as a coldent investigation and incomplete as a coldent investigation	CONTRIBUTE HOSPITAL: 1 Inpatient 2 28s. DATE Of (Month, i.) 28s. PLACE (building)	ER/Outpetlent 3 FINJURY — At ho, etc. (Specify) of my knowledge, de	DOA 0	DEATH 28. F OTHER: Nursing Horo F 28c. IN W 1 eet, factory, offi	PLACE OF DEATH (I) THE 5 TO Residence JURY AT ORK? YES 2 NO ce e end place, and de	Direck only one) 6 Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	NO NO NJURY OC	CURED or Rural R	ANALABLE PRIO COMPLETION OF OF GEATH? 1 XES 2 C	R TO
Item 28 Is marked, or Item 23 sho PLETED BY PHYSICIAN: M	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent conditions and investigation of the condition of the condit	CONTRIBUTI HOSPITAL: 1 Inpalient 2 26e. DATE Of (Month, Letter) 26e. PLACE (building) (SICIAN: To the best of a	ER/Outpetlent 3 FINJURY — At ho, etc. (Specify) of my knowledge, de	DOA 0	DEATH 28. F OTHER: Nursing Horo F 28c. IN W 1 eet, factory, offi	PLACE OF DEATH (to me 5 To Residence JUPY AT ORK? YES 2 NO ce	Check only one) 28d. DESCRIBE HOW I 28d. LOCATION (Street in City or Town, State) 28 to the cause(s) and mare in time, date and place, an	NO NO NJURY OC	CURED or Rural R	ANALABLE PRIO COMPLETION OF OF GEATH? 1 XES 2 C	R TO
Item 28 Is marked, or Item 23 sho PLETED BY PHYSICIAN: M	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent conditions and incomplete the conditions are incompleted as a condition of the conditions are incompleted as a coldent investigation and incomplete as a coldent investigation	CONTRIBUTI HOSPITAL: 1 Inpalient 2 26e. DATE Of (Month, Letter) 26e. PLACE (building) (SICIAN: To the best of a	ER/Outpetlent 3 FINJURY — At ho, etc. (Specify) of my knowledge, de	DOA 0	DEATH 28. F OTHER: Nursing Horo F 28c. IN W 1 eet, factory, offi	PLACE OF DEATH (I) THE 5 TO Residence JURY AT ORK? YES 2 NO ce e end place, and de	Check only one) 28d. DESCRIBE HOW I 28d. LOCATION (Street in City or Town, State) 28 to the cause(s) and mare in time, date and place, an	NO NO NJURY OC	CURED r or Rural F	ANALABLE PRIO COMPLETION OF OF GEATH? 1 XES 2 C	R TO CAUSE
IPORTANT: If Item 28 is marked, or Item 23 sho BE COMPLETED BY PHYSICIAN: M	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent conditions and investigations are selected investigations. The conditions are selected in the conditions are selected in the conditions are selected in the conditions. The conditions are selected in the conditions are	CONTRIBUTION HOSPITAL: 1 Inpellent 2 (Month, Inc.) 28s. PLACE (building) (SICIAN: To the best of size (Inc.) NER: On the best of size (Inc.)	ER/Outpetient 3 FINJURY — At ho, etc. (Specify) If my knowledge, de examination and/or is	DOA (20b. TIME INJUI	DEATH 28. F OTHER: 30 Nursing Hot OF 28c. IN W 1 eet, factory, offi at the time, dat In my opinion,	PLACE OF DEATH (to me 5 To Residence JUPY AT ORK? YES 2 NO ce	Direck only one) 6 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) 18 to the cause(s) and mer ter time, data and place, an	NO NO NJURY OC	cured or Rural F	ANALABLE PRIO COMPLETION OF OF OEATH? 1 XES 2 Route Number and manner as	R TO CAUSE NO steled.
RTANT: If Item 28 Is marked, or Item 23 sho E COMPLETED BY PHYSICIAN: M	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent conditions and investigation of the condition of the condit	CONTRIBUTION HOSPITAL: 1 Inpellent 2 (Month, Inc.) 28s. PLACE (building) (SICIAN: To the best of size (Inc.) NER: On the best of size (Inc.)	ER/Outpetient 3 FINJURY — At ho, etc. (Specify) If my knowledge, de examination and/or is	DOA (20b. TIME INJUI	DEATH 28. F OTHER: 30 Nursing Hot OF 28c. IN W 1 eet, factory, offi at the time, dat In my opinion,	PLACE OF DEATH (I) THE 5 TO Residence JUNEY AT ORK? YES 2 NO ce e end place, and death occured at the	Direck only one) 6 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) 18 to the cause(s) and mer ter time, data and place, an	NO NO NJURY OC	cured or Rural F	ANALABLE PRIO COMPLETION OF OF OEATH? 1 VES 2 Route Number, oute Number,) and manner as	R TO CAUSE NO steled.
IPORTANT: If Item 28 is marked, or Item 23 sho BE COMPLETED BY PHYSICIAN: M	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent conditions and investigation of the condition of the condit	CONTRIBUTION HOSPITAL: 1 Inpellent 2 (Month, Inc.) 28s. PLACE (building) (SICIAN: To the best of size (Inc.) NER: On the best of size (Inc.)	ER/Outpetient 3 FINJURY — At ho, etc. (Specify) If my knowledge, de examination and/or is	DOA 200. TIME INJUI	DEATH 28. F OTHER: I Nursing Hot NY M 1 eet, fectory, offi at the time, dat In my opinion,	PLACE OF DEATH (III) THE ST Residence ST Res	Check only one) 6 Gother (Specify) 28d. DESCRIBE HOW I 28d. LOCATION (Street of City or Town, State) 18 to the cause(s) and mare time, date and place, and place of the cause of the ca	NJURY OC	cured for fural fitted. ted. ted. JULY	ANALABLE PRIO COMPLETION OF OF OEATH? 1 VES 2 Route Number, and manner as (Month, Day, Yea, Yea, Yea, Yea, Yea, Yea, Yea, Yea	steled.
IPORTANT: If Item 28 is marked, or Item 23 sho BE COMPLETED BY PHYSICIAN: M	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent conditions and incomplete the conditions of the conditio	CONTRIBUTE HOSPITAL: 1 Inpallent 2 26a. DATE Of (Month, I) 26a. PLACE of building (SICIAN: To the best of a lier.) 1 VHO COMPLETEO CAU	De the but not recovered by the control of the cont	DOA 20b. TIME INJUI	DEATH 28. F OTHER: I Nursing Hot NY M 1 eet, fectory, offi at the time, dat In my opinion,	PLACE OF DEATH (III) THE ST Residence ST Res	Direck only one) 6 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) 18 to the cause(s) and mer ter time, data and place, an	NJURY OC	cured for fural fitted. ted. ted. JULY	ANALABLE PRIO COMPLETION OF OF OEATH? 1 VES 2 Route Number, and manner as (Month, Day, Yea, Yea, Yea, Yea, Yea, Yea, Yea, Yea	steled.
IPORTANT: If Item 28 Is marked, or Item 23 sho BE COMPLETED BY PHYSICIAN: M	CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent conditions and investigation of the condition of the condit	CONTRIBUTE HOSPITAL: 1 Inpallent 2 26a. DATE Of (Month, I) 26a. PLACE of building (SICIAN: To the best of a lier.) 1 VHO COMPLETEO CAU	ETO CAUS ER/Outpatient 3 FINJURY—At ho. etc. (Specify) If my knowledge, da axamination and/or it	DOA 20b. TIME INJUI	DEATH 28. F OTHER: I Nursing Hot NY M 1 eet, fectory, offi at the time, dat In my opinion,	PLACE OF DEATH (III) THE ST Residence ST Res	Check only one) 6 Gother (Specify) 28d. DESCRIBE HOW I 28d. LOCATION (Street of City or Town, State) 18 to the cause(s) and mare time, date and place, and place of the cause of the ca	NJURY OC	cured for fural fitted. ted. ted. JULY	ANALABLE PRIO COMPLETION OF OF OEATH? 1 VES 2 Route Number, and manner as (Month, Day, Yea, Yea, Yea, Yea, Yea, Yea, Yea, Yea	steled.

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

1 -

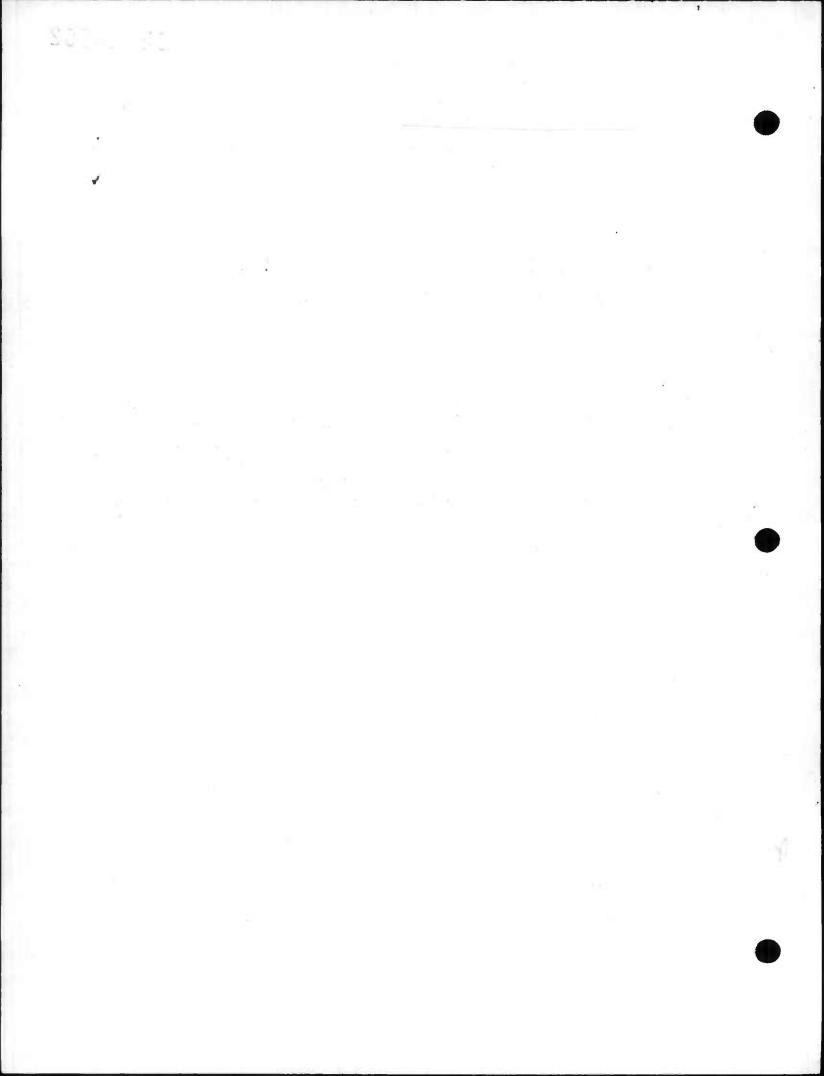
	-
8	artificate
_ •	4
o	Par
α.	÷
ທັ	daz
	the
RECORDS, P.O.	ac that the
$\ddot{\circ}$	30
Ш	- In
Œ	00 00
VITAL	100
_	H
5	N.
ı	S
5	MAC
7	d
\hat{c}	INIC
\simeq	ON
S	Ë
>	ð
DIVISION OF	A COL
. 1	ķ
	h

JUL

1994

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF CEATH 3. TIME OF OEATH Viola YEAR 25 94 5. SEX A SOCIAL SECURITY NUMBER last birthdev IF UNDER 1 YEAR 7, DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. 5-16 8 2 6373 H 1 M 2 YAS 2 Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OF DIRECTOR tran DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CORE 10g. CITIZEN OF COUNTRY? 2 O 21 use as the burial-transit 0 ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A MED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etg. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, specify Caban, Maxican, Puerto Rican, etc.) 1 Never Married 2 NO 1 - YES 2 ВУ Specify: 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION 18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highe , joj Elementary/Secondary (0-12) College (1-4 or 5+) and completely filled in by the funeral director, page 5 should be detached burial, cremation, or removal. once 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) to to Mnown BE notified RMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (S 2 25 Pe 20a. METHOD OF DISPOSITION . LACE AND DATE OF DISPOSITION (Nat 20c. LOCATION - City or Town, State must Cremation 3 - Removal from State Mil Donation 5 - Other (Specify) examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY B la 0 300 Ave medical 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart feilure. List only one cause on each line. interval Betwe **IMMEDIATE CAUSE (Finel Onsat and Death** the disesse or condition SEPSIS DAYS resulting in death) traumatic event, executed with X 68760 DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING physician prior CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events the attending p resulting in death) LAST 0 shows any injury, PART ii. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL and signed the 1 YES 2 NO OF DEATH? 1 TES 2 Q-NO Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE DF DEATH (Check only one) tem certificate to the State HOSPITAL:
11 Inpatient 2 ER/Outpatient 3 DOA OTHER 1 YES 2 NO 4 - Nursing Home 5 - Rasidence 8 - Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this marked. 1 Netural 5 Pending 1 YES 2 NO BY After investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town. State) 3 Suicide 95 COMPLETED 8 Could not be 4 Homicide determined 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. TO THE PO TO THE PO THE MANAGED IMPORTA 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) und Dru M-D 94 6/19/ 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SAMARITAN FILA? DUNU MD 6000 1+09/17AZ 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



0	
S	
0	
0	
S	
T.	
CA	
<u></u>	
CA	
0	
=	
~	
A	
=	
-	
ш,	
A	
5	
ш	
œ	
\overline{a}	
\subseteq	
Σ	
=	
_	

-	4
90	
7	
9289	
-	
0	
BOX	
P.0	
Φ.	
Ś	
ä	
Œ	
0	
O	
RECO	
TAL	
F	
5	
L	
OF	
7	
ISIOP	
×	
(0)	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be field within 12 hours after death with the State Dept. of Health and Mental Hyghes prior to burial, correnton. Or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF I	DEATH	REG. NO).	
18	1. DECEDENT'S NAME (First, Middle, Last)	many Transfer of the				2. DATE OF DEATH		3. TIME OF DEATH
	Hilda Hahn Coh	on				July 13,	1994 T	AR M
100	4. SOCIAL SECURITY NUMBER	T	E dia da da bilata da A					
	085-12-3141	1 🗆 M 2 🔀 F	E (In yrs. last birthday) 69 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 6, 19	924 N	BIRTHPLACE (State or Foreign Country) EW YORK
TOR	9a. FACILITY NAME (If not institution, give 220 S. Cherry RESIDENCE OF DECEDENT			Annapo		EATH	ac. COUNTY Anne	of DEATH Arundel
DIRECTOR	10a. STATE 10b. COUNT			, TOWN OR LOCATIO)N			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER			10f. 2	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNERAL	220 S. Cherry 11. MARITAL STATUS	GTOVE 12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED	13. WAS DECE		NIC ORIGIN? (Specify Ye	USA a or No — 14.	RACE — American Indian, Black, White, atc.
	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			NO Specif	in, Puerto Rican, etc.) y:		Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)		USUAL OCCUPATION rork done during most e retired.)		16b. KIND OF BL	ISINESS/INDUST	RY
MPL	12	2	Homemak		AS MOTHERIS NA		sehol	d
TO BE CON	Bernard Hahn					ME (First, Middle, Meider Le Brown	i sumame)	
	19a. INFORMANT'S NAME (Type/Print) Robert Lee Col	nen				Aoute Number, City or Too 7e, Anna]		MD 21401
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rer 4 Donation 6 Other (Specify)	novel from State	0b. PLACE AND DATE O	her place!			OCATION — City	
	21. SIGNATURE OF FUNERAL SERVICE L		Kneseth	22. NAME AND	ADDRESS OF FA	CILITY		is, MD
	Kmluly	SKO	M	12 Ric	lgely A	neral Hon Ave. Anna	apolis	, MD 21401
	The second secon	complicatione that cause on List only one cause on	ed the death. Do n sach line.	ot enter the mode	of dying, suc	h as cardiac or resp	piratory arrest	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)			lung c	arcino	ma		Onset and Death
		DOE TO (OR AS	A CONSEQUENCE OF	a: ()				
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE OF	7):				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	ŋ:				
빙		d						
DICAL	PART II. Other algnificant condition	na contributing to death	but not reaulting in	n the underlying	cause given in	Part I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N.								1 YES 2 NO
TED BY PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	structions 2 DOS	OTHER:	CE OF OEATH (C)			
≚	27. MANNER OF GEATH					6 Other (Specify)		
BY PH	1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJUR (Month, Day, Year		URY WOR	K?	28d. DESCRIBE HOW	INJURY OCCUR	EO
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJU- building, etc. (S)	RY — At home, ferm, s sec/ly)	treet, factory, office		28f. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,
BE COMPLETED		SICIAN: To the best of my kno						ouse(s) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTIFIE	1212	m.D.		PALA	MBER _	29d. DATE SI	GNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	2001	mn	11/	10 17
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	Some SC	w, FVI	report	1110	OF-	10 1
	JUL 1 5 1994	June Daydon	Banda 00					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Isit		
Sian.	-trai		
Ž	Jula		
ours after death. Page 6 may be retained by the hospital or attending physician.	e b		
UID.	# S		
ige.	69		
o o	r us		
120	9		
SS	chec		
9	leta		90
J.	90		100
D.	멀		7
lain.	Short		116
9	5		00
Ď	age		2
Ē	0,0		100
9	rect		8
2	9		9
Ē	nera		E
oea	4		N.
rec	the land	OVA	121
3	5	Геп	P
3	2	ō	Ē
	E	jou,	94
-	rely	mat	+
¥	ğ	5	- N
	8	rial.	9
Sec	and	2	lati
9	lan	M to	1
9	Sele	P	+
IIICE	듄	Bue	h
3	ding	Š	0
Ñ.	ã	n	0
ě,	÷	Æ	3
L	4	ā	3
Ļ	3	T U	li
ceruncate be executed with	Ģ	ij	'n
8.	d	ς	Ä
ž	200	d	2
9	Pag.	o	0
	cate	State	9
A	誓	36	20
L DR ALLENDING PHYSICIAN: The law	90 5	Phours after death with the State Deprior of the control of the State Deprior of the State De	-
Z.	this	M	-
NG.	fter	eath	E
2	A.A	D JE	
1	6	afte	20
H.	RE	NUTS	200
1	0	2 ho	100

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Li	ast)	CERT	IFICAT	E OF	DEATH	2 DAT	REG. NO.		1.	TIME OF DEATH
	DENZIL HERBE						MON	TH DAY	· qi	YEAR 3.	9 50 A
	4. SOCIAL SECURITY NUMBER 216-22-5386		67	MONTHS	R 1 YEAR	IF UNDER 24 H	RS. 7. DAT	E OF BIRTH	0.	BIRTHPLA Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, g		О / Уя		Y TOWN O	R LOCATION C		27-192	9c. COUNTY		yland
H	Stella Ma:		Su. Cit	1, 10WH 0	IN ECCATION C	A DEATH				imore	
ECTOR	RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT									1. INSIDE CITY
DIR		Baltimore		Midd:							LIMITS?
	10s. STREET AND NUMBER		11/2/2011		101.	ZIP CODE			10g. CITIZE		COUNTRY?
FUNERAL	1519 Chilwo					2122			USA		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 2 YES IF YES, GIVE WAR OR	S 2 NO	13.	If yes, spe	ENDENT OF HI scify Cuban, M 2 X NO S	exican, Puerto	IN? (Specify Yes Rican, etc.)	or No-	I. RACE — Black, W Specify:	American Indian, hita, atc. White
ED	15. DECEDENT'S (Specify only highest of		16a. DECEDEI	NT'S USUAL O	OCCUPATIO	ON st of working	16	b. KIND OF BUS	INESS/INDUS	STRY	
LEI	Elementary/Secondary (0-12)	College (1-4 or 5+)		d of work done OT use retired.) ervis				Horn	& Но	orn	
COMPLET	17. FATHER'S NAME (First, Middle, Last,)	-			18. MOTNER	S NAME (First				
ш	unk		16. MOTNER'S NAME (First, Middle, Malden Surname)								
TO B	19a. INFORMANT'S NAME (Type/Print)		b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
-	Debbie Cannon 1519 Chilworth Ave. Baltimore, Md							-			
	26a. METHOD OF DISPOSITION 1 Buriel 2 Crematton 3 1 4 Donatton 5 Other (Specify)		ob. PLACE AND D. emetery, cremetory Metro						CATION CIT		
	21. SIONATURE OF FUNERAL SERVICE		Metro	22	. NAME AN	D ADDRESS C	F FACILITY	/15 Ba			
	> (At	(m. 1)	1.1	2	Conn	elly	Funer	al Ho	me of	E Du	ndalk k 2122
	23. PART i. Enter the diseesea,	or complications that caus									
			ed kne death.	not eute	or the mo-	de of dying,	auch aa ce	rdiec or reapir	ratory arres	st,	Approximate
	ahock, or heart falls IMMEDIATE CAUSE (Finel	Jre. List only one cause on	asch lina.				auch aa ce	rdiec or reapin	ratory arres	st,	Interval Betw Onset and D
	ahock, or haart falls	Jre. List only one cause on	asch lina.				auch aa ce	rdiec or reapin	ratory arres	st,	Interval Bety Onset and D
	ahock, or heart falls IMMEDIATE CAUSE (Fine) disease or condition	BLADD	asch lina.	CANO			auch aa ce	rdiec or reapi	ratory arres	et,	Interval Bety Onset and D
NOI	ahock, or haart felit IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions,	a. BLADO DUE TO (OR AS	adch lina.	CAN(CE OF):			auch aa ce	rdiec or reapin	ratory arres	et,	Intarval Bety
CATION	ahock, or heart felit IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. BLADO DUE TO (OR AS	S A CONSEQUENCE	CAN(CE OF):			auch aa ce	rdiec or reapin	ratory arrea	ot,	Interval Bety Onset and D
TIFICATION	shock, or heart felit iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. BLADO DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENCE	CE OF):			auch aa ce	rdiec or reaping	ratory arrea	st,	Interval Bety Onset and D
	ahock, or heart felit IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. BLADO DUE TO (OR AS DUE TO (OR AS	BA CONSEQUENCE	CE OF):			auch aa ce	rdiec or reaping	ratory arres	st,	Interval Bety Onset and D
O	shock, or heart felit iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. BLADO DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	CE OF):	ŒR			24a. WAS AN	AUTOPSY	24b. WE	Interval Bett Onset and I
O	shock, or heart felit iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. BLADO DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	CE OF):	ŒR			24s. WAS AN	AUTOPSY	24b. WE ANN CO	Interval Bett Onset and I (o mos
MEDICAL CI	shock, or heart felit iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. BLADO DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	CE OF):	ŒR			24s. WAS AN	AUTOPSY MED?	24b. WE AW CO OF	Interval Bett Onset and I Comos
MEDICAL CI	ahock, or heart felit IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICA	a. BLADO BLADO BLADO DUE TO (OR AS C. DUE TO (OR AS d	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	CE OF):	CER		n in Part I.	24a. WAS AN PERFORI	AUTOPSY MED?	24b. WE AW CO OF	Interval Bett Onset and E G MOS
SICIAN: MEDICAL C	ahock, or heart falit IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions	a. BLADO BLADO BLADO DUE TO (OR AS C. DUE TO (OR AS d	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not result	CE OF): CE OF): CE OF):	cer	g ceuse give	n in Part I.	24a. WAS AN PERFORI	AUTOPSY MED? NO	24b. WE AW CO OF 1 {	Interval Bety Onset and D Onse
SICIAN: MEDICAL C	ahock, or heart felit iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condi- 25. WAS CASE REFERRED TO MEDICA EXAMINERY 1 YES 24 NO 27. MANNER OF DEATH	a. BLADD BLADD BLADD DUE TO (OR AS DUE TO (OR AS d. DUE TO (OR AS d. HOSPITAL:	BA CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not result utpatient 3 □ DC Y 28b	CE OF): CE OF): CE OF):	28. PL	g ceuse give	n in Part I.	24a. WAS AN. PERFORI 1 YES 2	AUTOPSY MED? X NO	24b. WE ANN CO OF	Interval Bets Onset and E Onset and E Onset and E Interval Bets Interval
PHYSICIAN: MEDICAL CI	ahock, or heart falit IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condi- 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending trivestigat	a. BLADD BLADD BLADD BLADD DUE TO (OR AS C. DUE TO (OR AS d.	BA CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not result utpatient 3 DO Y 28b	CE OF): CE	28. PLER: INJW WO	ACE OF DEATH 5 Reside URY AT RK? 7ES 2 NC	n in Part I. N (Check only once 28d. D	24a. WAS AN PERFOR 1 TYPES 2 Per (Specify)	AUTOPSY MED? X NO HOSPI	24b. WE AM COOP 1 {	Interval Bett Onset and E Comos
O	ahock, or heart felit immediate cause. Enter UNDERLYING CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the	a. BLADD	BA CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not result utpatient 3 Decrease 28b	CE OF): CE	28. PLER: INJW WO	ACE OF DEATH 5 Reside URY AT RK? 7ES 2 NC	n in Part I. N (Check only) 28d. D	24a. WAS AN PERFORI	AUTOPSY MED? X NO HOSPI	24b. WE AM COOP 1 {	Interval Bett Onset and E Comos
TED BY PHYSICIAN: MEDICAL C	ahock, or heart felit IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINERY 1 YES 27 NO 27. MANNER OF DEATH 1 Natural 5 Pending twestigat 3 Suicide 8 Could not determine	BLADD B. DUE TO (OR AS DUE TO (OR	BA CONSEQUENCE CE OF): CE	28. PLER: unally like in the state of the st	ACE OF DEATH 5 Reside 10 NO	N (Check only) 28d. D 28t. LC Ch	24a. WAS AN PERFORI 1 YES 2 Ver (Specify) CATION (Street a y or Town, State)	AUTOPSY MED? NO HOSDI NJURY OCCUP and Number or	24b. WE AW CO OF 1 [Interval Bett Onset and I Comos	
TED BY PHYSICIAN: MEDICAL	ahock, or heart felit iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINERY 1 YES 25 NO 27. MANNER OF DEATH 1 Natural 5 Pending three stight 3 Suicide 8 Could not determine 29a. CERTIFIER (Check only) 1 CERTIFYING P	a. BLADD	and line. B A CONSEQUENCE B A CONSEQUE	CE OF): CE	28. PLER: raing Hom 28c. INJ ctory, offici	ACE OF DEATI 5 Reside KR? YES 2 NO	N (Check only once \$20d. Do 28t. LC	24a. WAS AN. PERFORI 1 YES 2 Per (Specify) ESCRIBE HOW IN CATION (Street a y or Yown, State)	AUTOPSY MED? NO HOSDI NJURY OCCUI	24b. WE AWA CO OF 1 [RE AUTOPSY FINI ILLABLE PRIOR TO MPLETION OF CAI DEATH? YES 2 NO
D BY PHYSICIAN: MEDICAL C	ahock, or heart felit iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINERY 1 YES 25 NO 27. MANNER OF DEATH 1 Natural 5 Pending three stight 3 Suicide 8 Could not determine 29a. CERTIFIER (Check only) 1 CERTIFYING P	BLADO a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d Itions contributing to deeth AL HOSPITAL: 1 Inpatient 2 ER/On 28a. DATE OF INJUR (Month, Day, Year, Identy Contributing, etc. (Sy) HYSICIAN: To the best of my known in the basis of examinate	and line. B A CONSEQUENCE B A CONSEQUE	CE OF): CE	28. PLER: raing Hom 28c. INJ ctory, offici	ACE OF DEATH TRK? TES 2 No. and place, and eath occurred a	n in Part I. N (Check only) 28d. D 28t. LC	24a. WAS AN . PERFORI 1 YES 2 Mer (Specify) ESCRIBE HOW IN PERFORIAL PROPERTY (Specify) ESCRIBE HOW IN ESCRIBE HOW	AUTOPSY MED? X NO HOSDI NJURY OCCUI and Number or oner as stated d due to the o	24b. WE AM CO OF 1 { RED RED Rural Route (s) and cause(s)	Interval Be Onset and Como. RE AUTOPSY FINITURE PRIOR 1 MPLETION OF CODEATH? YES 2 N

Dr. Kendall R. Faulkner, MD 2300 Dulaney Valley RD., Towson, MD

31. DATE FILED (Month, Day, Year)

JUL 1 5 1994

A. Kandama Mindage

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DAL	heath	fune
ò	ther o	the /
	UIS S	in the
T	ŝ	filled
Ų	The same	tely
2	D Wil	mole
00	xecute	and co
<	96	ian
ם ם	ate	WSic
;	rtific	la pr
	th ce	endir
ń	dear	200
j	the	T A
5	that	N
2	H	Sign
	pau /	4
Ł	e law	Y
-	-	-
>	ICIAN	sertific
5	PHYS	this
5	DING	Affer
0	TEN	E
2	R ATTEN	RECTOR
2	AL OR ATTEN	I DIRECTOR
DIVISION OF VITAL CORDS, F.O. BOX 66/60.	SPITAL OR ATTEN	MERAL DIRECTOR
CIAIC	HE HOSPITAL OR ATTENDING PHYSICIAN: The law require, that the death certificate be executed within thours after death	FINERAL DIRECTOR. After this certificae has been signed by the attending physician and completely filled in by the fune

	1. DECEDENT'S NAME (First, Mic John Cox									2. DATE OF MONTH	7-12-94	YEAR	3. TIME OF DEATH 6:37 P
	4. SOCIAL SECURITY NUMBER 213-20-892		5. SEX 1 X M 2 F	6. AGE (In yrs. les 70	t birthday) YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE OF (Month, Di	ly, Year)	a. BIRT Coun	
TOR	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEA Baltimore BESIDENCE OF DECEDENT												
DIRECTOR	10e. STATE 10b. COUNTY Md. Baltimore				10c. CIT	TY, TOWN	on Loca						10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 6520 Clev	eveland Ave.				101. ZIP CODE 21222					109	CITIZEN OF	WHAT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Mail 3 Widowed 4 Divorced		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	MED 13. WAS DECENDENT OF HISPAN				NIC ORIGIN? (S an, Puarto Rica		- 14. RAC Blac	CE - American Indian, ck, White, etc. City: White	
APLETED	15. DECEDE (Specify only high Elementary/Secondary (0-12) 11th	ghest grade		+) (G	live kind of Do NOT u	s usual of work done retired.)	during m	ON ost of work	ing		of Business		ounty
BE COMPL	17. FATHER'S NAME (First, Middle John E. C	Cox	Sr.							the Re	euter	ne)	
10	John E. C		III								City or Town, State Pasas		, Md.2112
	20e. METHOD OF DISPOSITION Disposition					of DISPO	SITION (N	ame of		7/16	20c. LOCATIO		fown, State ⊇, Md .
	21. SIONATURE OF FUNERAL SI	ERVICE LIC	Con	nell	w	C	onn		y Fu	neral	Home	of I	Dundalk alk 21222
CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a, to	Sepsi DUE TO COLIT DUE TO DUE TO	S (OR AS A CONSE OR AS A CONSE (OR AS A CONSE	OUENCE O	DF): DF):							Approximate interval Betwee Onset and Dai
MEDICAL	PART II. Other algoliticent	condition	e contributing to	death but not	reauiting	in the u	nderiyin	g cause	given in		PERFORMED?		b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO M EXAMINER?	EDICAL	HOSPITAL:		26. PLACE OF DEATH (Check only one) OTHER:								
BY PHYS	27. MANNER OF DEATH 1 A Natural 5 Pen	nding	1X Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? WORK? 1 TYPE 2 NO										
LEO B	3 Suicide 6 Cou	uld not be ermined	28e. PLACE (building.	OF INJURY — At he etc. (Specify)	ome, ferm,	street, fac	tory, offic	Ce Ce			ON (Street and Nu own, State)	imber or Rural	Route Number,
COMPLE	onel -		CIAN: To the best of a										(a) and menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF	P.	Jahal	Plus				29c. LIC	SENSE NU	MBER / 7	29d	DATE SIGNE	D (Month, Day, Year)
F	30. NAME AND ADDRESS OF PE Honard P. Zak 31. DATE FILED (Month, Day, Value JUL 1 5 1991	nals	Ly 494	Easter			11+-,	Md	212	24			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Challe College Committee

DHMH-16 Rev 1/89

Pages 1, 2, 3 should

permit.

use as the burial-transit

10

be detached

7

10 The House of the Health of the Media of the Media of the Health of th	by the funeral director, page 5 should	moval.	IMPORTANT: If Item 28 is marked, or lists 25 spewment injury, or other traumatic event, the medical examiner must be notified
1001	lled in	7. Of F	e mec
THE PARTY NAMED IN	ompletely fil	al, cremation	event, the
ב חב השבתחור	sician and co	nior to buria	traumatic
application of	ling phys	ygiene p	other
AC OCCUL	the attend	Mental Hy	njury, or
1015	sidned by	Heart and	wyleny is
ľ	has been		À
	phone	e 500 a	ł
WAS CHISTO	After this cent	death with th	marked, o
A OUT HE ISSUE	DIRECTOR	hours after a	Item 28 Is
O INC MOST SAL	TO THE PLIMERAL	be filed within 72	IMPORTANT: II

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATH July 12,1994 AR DAVID CORNELL. 9:45 P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8-20-1955 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 220-68-0024 1 M 2 - F DAYS HOURS 38 YRS. Maryland 9e. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Dunda1k 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3440 Liberty Pkwy. 21222 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerio Rican, etc.)

1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Merried Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementery/Secondary (0-12) 12th College (1-4 or 5+) Sheetmetal Worker Contractor 17. FATHER'S NAME (First, Middle, Last)
Frederick Cornell 16. MOTHER'S NAME (First, Middle, Maiden Sumeme) Thelma Wingate **BE** 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 Frederick Cornell 3440 Liberty Pkwy Baltimore, Md. 21222 20a METHOD OF DISPOSITION
2 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cemete a eRetor Tor ather place) 7/16 Baltimore, Md. 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk 7110 Sollers Pt. Rd. Dundalk 21222 23. PART I. Enter the diseases, or complications that caused fife death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or haert failure. List only one ceusa on each lina Onset and Death IMMEDIATE CAUSE (Final Cancer of Parotid Gland diseese or condition resulting in death) Yyears letastatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) PHYSICI EXAMINER? OTHER: 1 - YES 2 NO 1 Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 K Natural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner ee stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER Madical 29d. DATE SIGNED (Month, Day, Year) 器 human MD/PhI 11/2/99 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Michael P. Sherman 600 N. Wolfe St. Baltimore, Md. 21287



31. DATE FILEO (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

Deviden 12

Pages 1, 2, 3 should

permit.

BALTIMORE, MARYLAND 21215-0020

		by fill	lation,	the
00	d with	mplett	, crem	event,
00	xecuter	and co	burial	atic
5	8	50.00	Ser 10	traum
۲	rimen	100	Š	ther
ú	G	۹	E	5
DIVISION OF VITAL RECORDS, E.O. DOA 50/50	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the order or minus to executed within the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the months of the sand completely fills	be filed within 72 hours after death with the State Dept. of Health and Wallin Hyper III burial, cremation,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the
	that	ed by	th and	any
	equires	en sigr	of Hea	hows
1	J WE	as be	Dept.	23 s
_	The	cate t	State	Item
>	ICIA	Sertif	the	10
5	PHYS	this (with	rked
5	DING	After	death	E ma
2	TEN	TOR.	after	28 1
2	. 0R A	DIREC	hours	tem
	M	AL	2	=
	HOSPI	FUNEF	within	TANT
	THE	포	Fled	2
	2	2	9	Ξ

JUL 1 5 1994

Items: 23 Part I,27, per MEO G-714 8/5/94 reb FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH t. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF CEATH 3. TIME OF OEATH JULY 1994 CHARLES Mayo DAYD 08 08:56 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 169 44 5887 (Month, Day, Year) Country) DAYS HOURS 1 1 2 F YRS. 9s. FACILITY NAME (If not institution, give street and number) 96 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 416 E.EAGER ST.HOMELESS SHELTER BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE MARYLAND t Fes 2 No FUNERAL 10e, STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? AUE PARK U.S.A 21701 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 PES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: ВҰ 3 Widowed 4 Divorced ACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify College (1-4 or 5+) Elementary/Secondary (0-12) INEMPLUYED once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) HARLESWILLIAM MARY ILLIAMIS BE L notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1438 BERRY ST HARRIS BURG HARLES Pa 17/04 e 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must comptery, cremetory or other place) Cam BALTO examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph Kuso 2222 W, NORTH AUS BALTE MO 21216 medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line interval Between Onset and Death **IMMEDIATE CAUSE (Final** the disease or condition resulting in deeth) ACQUIRED IMMUNODEFICIENCY SYNDROME WITH COMPLICATIONS event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST 片 in luny. PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE YES 2 NO 1 YES 2 | NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES TO NO TO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Rem **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 OOA 4 \square Nursing Home 5 \square Rasidence 8 X Other (Specify) SHELTER 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 XX Netural
2 Accident 5 Pending Investigation М 1 YES 2 NO ВY 3 Suicide 28s. PLACE OF INJURY — All home, ferm, street, lactory, office building, stc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 81 8 Could not be determined COMPLETED 4 Homicide 28 72 hours 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. *** MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occursed at the time, data and place, and due to the couse(a) and manner so stated, 296. SIGNATURE AND TITLE OF CERTIFIER
Wonald & Waight MD 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE JULY 08,1994 C.M.E. 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G. WRIGHT MD 111 Penn Street, Baltimore, Maryland 21201 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

19.00

20 10

· 5 = 2 = 1

retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 a death. Page 6 may Pages 1, 2, 3 should

permit.

use as the burial-transit

funeral director, page 5 should be detached for

once.

Ħ

notified

pe

must

examiner

В

COMPLETED

BE

5

27. MANNER OF DEATH

1X Natural

2 Accident

3 Suicide

4 Homicide

BA	Ö	43	_	- 65
$\mathbf{\omega}$	ter.	5	ON S	8
	S	E	em	ë
	20	Ξ.	10	ē
	Ē	100	-	
		y	100	≨
	爱	ate	Ë	Ħ,
9	*	d	5	ş
-	ted	03	œ.	9
89	2	P	ă	ĕ
$\overline{\mathcal{L}}$	8	B	2	E
6	2	ig.	8	30
\tilde{m}	e	Si	ď	=
٠.	fice	5	Je	9
0	eri	Du	g	5
DIVISION OF VITAL RECORDS, P.O. BOX 68760	0	P.	£	0
-	eat	atte	ta	-
S	Ď	9	Je	5
	Ē	22	D	Ξ
Œ	Tat	P	ЭП	À
Ö	S	96	듄	6
O	lire	Sig	Fea	*
m	edi	G.	0	2
ш.	*	8	#	80
7	100	Jas	De la	2
2	Ē	le	e	E
Ξ	ż	EG	S	≝
_	SA	ET.	he	9
<u> </u>	S	8	F	ď,
O	H	this	3	a P
Z	g	100	ath	8
0	ā	A	9	86
S	E	S	ter	-
=	E	5	a	7
\leq	Œ	35	NU.S	E
	0	0	ž	Ē
	A	Z	2	=
	S	NE	둂	E
	오	3	M	M
	포	포	g	8
	E	=	1	4
	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with hours after di-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical ex

94 20568 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Phillip. Richnell DIXON July 13,1994 3:15 P 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign S-20 1 2 1 2 | F DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore 10b. COUNTY 10c. CITY_TOWN OR LOCATION 10d. INSIDE CITY TES 2 NO more FUNERAL STREET AND NUMBER 101. ZIP CODE WHAT COUNTRY? 10g. CITIZEN OF 1206 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Maxican, Puerto Rican, stc.)
 December 1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WW COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KINO OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17/FATHER'S NAME (First, Middle, Last) BE 2 206 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Nam 4 Donation 6 Other (Specify) ATURE OF FUNERAL SERVICE LICENSEE 23. PMST I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Intarval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Septic shock with multi ordan failure OUE TO (OR AS A CONSEQUENCE OF): b. Gram Positive bacteremia, septecemia CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING . Hypotension **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST Metabolic acidosis PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE Permacath line sepsis, end stage renal disease 1 - YES 2 1 NO Hypertension 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO [X] PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one)

HOSPITAL: 1 YES 2 KNO

1 X Inpetiant 2 ☐ ER/Outpetient 3 ☐ DOA 26s. DATE OF INJURY 26b. TIME OF

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 28c, INJURY AT WORK? 26d. OEŞCRIBE HOW INJURY OCCUREO 1 YES

29c. LICENSE NUMBER

2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and menner as attated.

2 MEDICAL EXAMINER: On the basis of exa ition and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

	Diais	Cerumi	00	
30	NAME AND ADDRESS OF D	EDSON WHO COMPLETES CALL	DE DE DEATH STEM OF CE	•

9000 Franklin Square Dr. Baltimore, Maryland 21237

N/A

Dr. Diane Ceruzzi 31. DATE FILED (Month) (3.9 1917) 32. REGISTRAR'S SIGNATURE

Investigation

6 Could not be

29d. DATE SIGNED (Month, Day, Year)

July 13,1994

.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

1. DECEDENT'S NAME (First, Middle, L Walter		tzpatric	k					2. DATE OF D MONTH July	14	1992	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-24-9475	6. SEX 1 M 2 F	The state of the s									BIRTHPLACE (State or Foreign Country) Maryland
98. FACILITY NAME (If not institution,) 1510 Fleet Stre	et				or Locati		ATH	1	e. COUNT	Y OF DEATH	
10e. STATE 10b. CO				v, town o		Cit	у				10d. INSIDE CITY LIMITS? 11 YES 2 NO
100. STREET AND NUMBER 1510 Fleet Stre					101	7. ZIP COD 2123				-	n of what country? ed States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARI L. YES 2 N MAR OR DATES			If yes, sp	ENDENT Code	n, Mexica	IIC ORIGIN? (Sp n, Puerto Rican r:	ecify Yea or , etc.)	r No — 14	RACE — American Indien, Black, White, atc. Specify White
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5	(Gh	ne kind of t Do NOT us	USUAL O work done se retired.) TUCT	during mo	ON ost of world	ng	16b. KINI	OF BUSIN	ESS/INDUS	
17. FATHER'S NAME (First, Middle, Last Walter Fitzpatr					V			ME (First, Middle umphre	,	mame)	
19s. INFORMANT'S NAME (Type/Prim) Daisy Fitzpatri	ck							Toute Number C			
20a. METHOD OF DISPOSITION Burlel 2 Cremation 3 4 Donation 6 Other (Specify)	Removal from State	20b. PLACE A cometary, cren CEGAT		ther place)	mete	ery	7/1		Ma	rylar	y or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	1	1	22.	NAME AL	ND ADDRE	ss of FA	r, Inc	. Fun	eral	Home
23. PART I. Enter the disease, shock, or heer fall immediate CAUSE (Finel disease or condition resulting in death)	a	use on each line.	, ,	not enter	901 tha mo	EAst	ern Ing, suc	Avenue	Balt or reapliret	O.,MI	21231 Approximata interval Batw
shock, or haert fall IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequantially list conditiona, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	a	Conor	UENCE O	not enter	901 tha mo	EAst	ern Ing, suc	Avenue h aa cardlac	Balt or reapliret	O.,MI	21231 Approximata interval Batw
shock, or haert fall IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a	P CONST. O (OR AS A CONSEO	UENCE O	not enter	901 tha mo	EAst does of dy	ern ing, suc	Avenue h as cardiac l m lf2 Part I. 24a	Balt or reapliret	O., ME tory arrea	21231 Approximata interval Batw
ahock, or haert fall: IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond	a. DUE TO c. DUE TO d	P CONST. O (OR AS A CONSEO	UENCE O	1:not enter	901 the mo	EAst de of dy	ern ing, suc	Avenue h as cardiac l m lf2 Part I. 24a	Balt. or respiret	O., ME tory arrea	21231 Approximata interval Batw Onset and Dr. Company
shock, or haert falls IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond CAUSE (Disease or injury that initiated events resulting in death) 26. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 28e. DATE OI (Month, I	USE ON EACH LINE. O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O death but not re	UENCE O	1:not enter	901 tha mo	EAST	ern ing, suci	Part I. 24a	Balt. or respiret WAS AN AU PERFORME YES 2	O., ME tory arrea	21231 Approximate interval Batw Onset and Different Properties of the Company of
ahock, or haert falls IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 28. WAS CASE REFERREO TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	b. DUE TO c. DUE TO d	USE ON EACH LINE CON AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O death but not re	UENCE OF UEN	OTHEL LINE	26. PI	GAST GEORGE	ern ing, suci	Part I. 24a 1 Cother (Spot 28d, DESCRIE	Balt. or respiret WAS AN AU PERFORME PERFORME YES 2	O., ME tory arrea	21231 Approximate interval Batw Onset and Different Properties of the Company of
ahock, or haert fallt IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant cond CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant cond 28. WAS CASE REFERREO TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigat 2 Accident 3 Suleide 6 Could no determine 29e. CERTIFIER (Check only 1 CERTIFYING P	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpertent 2 28e. PLACE (Month, if the ball of the best of the	Use on each line. P Con CV O (OR AS A CONSEO O	UENCE O	OTHEL OT	26. Pt	GAST	ern ing, suci	Part I. 24a 1 Carlo Chy or To to the cause(a)	Balt. or respiret WAS AN AU PERFORME PERFORME YES 2 BOTH OF THE HOW INJU. N (Street and warn, Stere)	O., ME tory arrea	21231 Approximate interval Batw Onset and Different Properties of the Computation of Cause of Death? 1 Yes 2 No
ahock, or haert fallt IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant cond CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant cond 28. WAS CASE REFERREO TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigat 2 Accident 3 Suleide 6 Could no determine 29e. CERTIFIER (Check only 1 CERTIFYING P	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient: 2 28e. DATE Of (Month, I) the basis of the basis	DEFINJURY — At hor, etc. (Specify)	UENCE OF UEN	The ur	26. Pt	G couse LACE OF D LA	ern ing, suci	Part I. 24a 1 Deck only one) 6 Describe 28f. LOCATION to the cause(a) time, data and	Balt. or respirat WAS AN AU PERFORME YES 2 softly) BE HOW INJU AN (Street and deliver) and mannes place, and delivery	O., ME tory arreased on the control of the control	21231 Approximate interval Batw Onset and Different Properties of the Computation of Cause of Death? 1 Yes 2 No

•

	should
	6
	CV
	-
	Pages
	-
	permit. F
ysician.	irial-transit
ā	ದ
ending pl	the s
len	S.
Ta at	use
vital or	Po
ospita	pays
the h	detai
3	8
0	2
9	9
sta	(V)
2	5
ay be	page
E	0,
9	5
200	din
9	æ
leath.	funer
fler o	the
50	5
ă	=
Ď	y filled
5	9
×	dE

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

y the attending physician and completely filled in by the funeral director, page 5 should be detach at Mental Hygiene prior to burial, cremation, or removal. if the death certificate be executed

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN, The TO THE FUNERAL DIRECTOR. After the certificate be filled within 72 hours after death with the Smith IMPORTANT. If item 28 is marked, or item

STATE OF MARYLAND / DE			MENTAL HYGIENE
CER	TIFICATE O	F DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, Last	nastasia D.			1.6.5	2. DATE OF D	DAY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		• · · · · · · · · · · · · · · · · · · ·			7 -	-	94 790
213-70-4001	1 🗆 M 2 💢 F	GE (In yrs. last birthday) YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF B (Morth, De)		8. BIRTHPLACE (State or Foreign Country) AREL AS
90. FACILITY NAME (If not inetitution, give Johns Hopkins B RESIDENCE OF DECEDENT		cal Center	Baltin	OR LOCATION OF E	DEATH		hmore city
10a. STATE 10b. COUN	altimore city		Balting				10d. INSIDE CITY LIMITS? 1 4ES 2 NO
100. STREET AND NUMBER 49 S Kres	/		10	H. ZIP CODE	,		ZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	If yes, s	CENDENT OF HISPA Decify Cuben, Maxic 3 2 NO Spec	an, Puerto Rican		14. RACE — American Indian, Black, White, etc. Specify: WK) +
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5 +)	life. Do NOT use	ork done during m	ON osl of working	16b. KINI	D OF BUSINESS/IND	USTRY
17. FATHER'S NAME (First, Middle, Last)	MC	MALOI	V	18. MOTNER'S N	12.0	e, Maiden Surname)	
190. INFORMANT'S NAME (Type/Print) DORO HLY HANA	ASTASIA MO	19b. MAILING		and Number or Rural	Route Number, C	City or Yourn, State, Zip	(Code) MA 2122
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ra 4 Donation 6 Other (Specify)		20b. PLACE AND DATEO complete, cremetory or of	F DISPOSITION /	ame of	DATE	20c. LOCATION -	
21. SIGNATURE OF FUNERAL SERVICES		1	JOS	ND ADDRESS OF F	ZHN,	NINO DR	Balto Md 212
immediate cause (Finei disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. respire Due to (or a stro	arrest as a consequence of atory failu as a consequence of Ke as a consequence of	re):				hours days
PART II. Other significent condition Atrial	one contributing to deet 6 brillation		n the underlyin	ng ceuse given in		D. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATN? 1 YES 2 00
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 NO	HOSPITAL:	Dulpatlant 3 DOA	OTHER:	LACE OF DEATN (C		ecify)	
27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea	RY 28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO		BE NOW INJURY OCC	CURED
3 Suicide S Could not be determined	28a. PLACE OF INUI building, atc. (URY — At home, farm, s Specify)	treet, factory, offi	en	281. LOCATION City or To	N (Street and Number wn, State)	or Rural Route Number,
anal	SICIAN: To the best of my ki						ed, se cause(a) and manner as stat
296. SIGNATURE AND TITLE OF CERTIFIC Susan Bail				29c. LICENSE NU		29d. DATI	E SIGNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W SUSON Bailey	HO COMPLETED CAUSE OF JOHNS	HOPKINS B	Print) Boyview i			Baltimore,	, Hd
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The physician and completely filled in by the funeral director, page 8 may be retained by the bushician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760

DIVISION OF VITAL

	1 - STATE REGISTRAR		STATE OF N		DEPAR ERTIF					MENTAL	REG. NO.				
	1. DECEDENT'S NAME (First, RICHARD		INE							2. DATE	OF DEATH	19	YEAR	TIME OF DEAT	Рм
1	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.		OF BIRTH Day, Year)		8. BIRTHPL Country)	ACE (State or Fo	oreign
	220 46 6500		1 € M 2 □ F	46	YRS.			SC1044-1		12	/13/4		M	ARYI.ANI	D
œ	90. FACILITY NAME (If not ins			TOI. F	P	9b. CITY		R LOCATION OF LOCATION		ATH		BALT	T MOL		
DIRECTOR	RESIDENCE OF DEC		110013	.101 1.			17002	2 A T.T.T.	A.E.a			DALI	IMOR	(E	
3		10b. COUNTY	T 00772 (427279		10c. CIT	Y, TOWN	OR LOCAT	ION		410				M. INSIDE CITY	
	MI)	BA	LTIMORE			_		TTMC				10- 01717		T COUNTRY?	MO
RA	6533 CORK	LEY RO	AI)				101		1237	7		log. CITIZ		USA	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AI	RMED			ENDENT C	F HISPAN	IIC ORIGIN	? (Specify Yes	or No—	14. RACE -	American India	en,
BY F	1 Never Married 2 1 Nover 1 No		IF YES, GIVE W	YES 2 D	NO			2 NO		n, Puerto F /:	lican, etc.)		Specify:	Vhita, etc. WHI	מת
		DENT'S EDUC	ATION VIET		ECEDENT'S	HSHAL O	CCUPATIO	n N		146	KIND OF BUS	INESS (IND)	ICTOV	WILL.	1.13
COMPLETED		highest grade o) (G	give kind of a Do NOT us	work done se retired.)	during mo	st of working	g						
뒣	12			E	IIMAX	NG CI	JERK			S	OCIAL	SECUI	RITY		
	17. FATHER'S NAME (First, Mic										liddle, Maiden				
BE	HAROLD W			140	N- 44 6 II 1010	400050	0.70				C. TH.				
일	SUZANNE M	,						ROA			IMORE			7	
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 25⊟ Cremation	ON	*	20b. PLACE	ANDDATE	OF DISPOS	SITION (Na			DATE		CATION - C			
	4 Donation 5 Other	Specify)		cemetery, cre	RO CI	REMAT	CORY		_	7/1	4 B/	ALTIMO	DRE,	CIM	
	21. SIGNATURE OF FUNERAL	SERVICE LICE	MSER	7		22.		ACH/F			FUNERA	AL HON	Œ		
	6/	14	1					1211	CHE	ESACO	AVE	21237	7		
	23. PART I. Enter the dis shoot, or he	art fallure. L	implications that lst only ona ceu	caused the de se on each line	eath. Do i a.	not enter	the mo	de of dyl	ng, sucl	h as card	lac or respi	ratory arre	st,	Approxim	etween
	IMMEDIATE CAUSE (Fine disease or condition		CARDIOMY	OPATHY W	13.H CU	NCENT	7: A 1	EVDJ.	DICEA	¢ E				Onset and	Death
	resulting in death)	8		(OR AS A CONSE			IAL I	PUL I	DIDEN	176					
NO	Sequantially list condition	ons. 6.													
CERTIFICATION	if sny, leading to immed cause. Enter UNDERLYIN	lata IG	DOE 10	(OR AS A CONSE	OUENCE O	P):									
E	CAUSE (Disease or Injur that initiated events		DUE TO	(OR AS A CONSE	OUENCE O	F):									
EHI	resulting in death) LAST	d.												ļ	
CAL C	PART ii. Other significan	t conditions	contributing to	death but not	resuiting	in the u	ndarlyln	cause (lvan in	Part i.	24a. WAS AN			ERE AUTOPSY FI	
											PERFOR		C	MILABLE PRIOR OMPLETION OF (F DEATH?	
MED										_	,			YES 2 🗆	NO -
A N	DID TOBACC		CONTRIBUT	E TO CA	USE O	F DE			N						
PHYSICIAN:	EXAMINER?		HOSPITAL:	ES/Outpetlant 1	2 🗆 004	OTHE	R:			eck only on					
H	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIN	E OF	28c. INJ	URY AT	sidence	6 Other	(Specify)	NJURY OCC	URED		
ВУ Р	Natural 5 P	ending restigation	(Month, D	my, Year)	IN.	M		RK? res 2	NO						
ED E	3 Suicide 6 C	could not be	28a. PLACE O building,	F INJURY — At he atc. (Specify)	ome, ferm,	street, fac	tory, offic				ATION (Street a or Town, State)	and Number o	or Rural Rou	te Number,	
E I	an continue						<u>-</u> -								
COMPLET	(Check only 1 CERTI		RAN: To the best of a											nd manner as s	tsted.
ECC	_/\	оғ сеятігіел	1.						NSE NUN					lonth, Day, Year)	
m	1/200	\times	8					0.0	.м.	Ε.				3,199	
5	SO. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS												
	31. DATE FILES (Month, Day, Y	NOW	22 projeto	111 P	enn	Str	eet	, Bā	lti	more	e, Ma	ryla	nd 2	1201	
i	1111 4 - ADA	O	32. HEGISTRA	R'S SIGNATURE											

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

	3	€	4
	>	5	2
	æ	Pe	Dark
	2	eta	d'
	-	96	5
	3ALTIMORE, MARYL	20	משט
	H	E	200
	Z	96	ran
		8	b le
	5	€	nan
	V	de	14.
	$\mathbf{\omega}$	ffe	#
		8	2
		90	Pe
		L	fille
	Ž	臺	Val
	20	W	alor
	7	Pa	TO T
	89	SC.	2
	×	8	2
	0	ă	sicia
	$\mathbf{\alpha}$	cat	Ž
	Ö	PT.	DO
	σ.	5	ipud
	46	leat	2116
	S	e e	4
	8	25	2
	0	5	Ped
	S	Ji G	Sign
	2	reg	Ude
		₩.	b b
	A	92	red.
		F	alt.
	>	IAN	riffe
	L	Sic	g
	0	Æ	this
	Z	9	TAT
	0	Ö	A
	S	TEN	AU.
	5	A	SEC
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	O.	OIR
	_	兹	7
		HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Enhours after death. Page 6 may be retained by the	ä
	1	£	Ä
	- (Z	F
	1	2	4
1		-	
4		O.	The Blue Ba. DIRECTOR Affect this cardificate has been sined by the attending physician and completely filled in by the funeral director name 5 should be do

he hospital or attending physician.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First.	Added to A and					-			1120.110		-	
		Anne Gera		Fanshaw						- 1	2. DATE OF DEATH MONTH I	AY 1	994	9:25 P M
	1	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In vi	rs. last birthday)	IF UNDER 1	/EAR	IF UNDER 24	LHRS	7. DATE OF BIRTH	. 1	ь.	PLACE (State or Foreign
_		215-22-3637	7	1 🗆 M 2 🎾 F		4 YRS.		DAYS		MIN.	(Month, Day, Year)	900	Country	
3 should		9a. FACILITY NAME (If not in		treet and number)			9b. CITY, T	OWN C	OR LOCATION	OF DEA		_	NTY OF DE	
2, 3 s	ECTOR	Fairl					S	jke	sville	e		C	arrol	l
3S 1,	딦	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY					Y, TOWN OR	LOCAT	TION	_			т	10d. INSIDE CITY
Pag.	DIA	Maryland		1001 011			ville					LIMITS?		
permit	1													
ansit	FUNERAL	7200 TK	ird A	venue					217	84			USA	
ırial-tr	5	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	S. ARMED					C ORIGIN? (Specify Ye	e or No—	14. RACE Black,	- American Indian, White, atc.
as the bunal-transit permit. Pages 1,	B	3 Widowed 4 Divo		IF YES, GIVE W					2 X NO		, , , , , , , , , , , , , , , , , , , ,			hite
for use a	ETED		EDENT'S EDUC highest grade		18	e. DECEDENT'S (Give kind of	work done du				16b. KIND OF BU	SINESS/INI	DUSTRY	
od for	E	Elemantary/Secondary (0	-12)	College (1-4 or 5	+)	iile. Do NOT u	so rollrod.) US EWi 1	10						
detach	COMPL	17. FATHER'S NAME (First, Mi	iddle, Last)			110	usem	1e	18. MOTHE	R'S NAM	IE (First, Middle, Meider	Sumamal		
at o	اسا	Charles M	looney						4		(enrick	Garrierrey		
5 should notified	인 명 명	190. INFORMANT'S NAME (7)		_							oute Number, City or Tox			
be no	-	George W. F			200 200	_				arm				Md. 21136
irector, p		20e. METHOD OF DISPOSITI 1	(Specify)		cemeter Ca	ACE AND DATE by, crematory or c	of disposition there place)	ion (Na	ne of	7-13	0ATE 20c. LO 3+94 Han	ipste	ad, M	n, Stata
tuneral di I. examiner		1 Burlel 2XXCremetton 3 Removal from State Carroll Cremation 7-13+94 Hampstead, Md.												
the fu		16-6	Man	Tour			El	ne	Fune	ral	Home Rei	ster	stown	, Md. 21136
signed by the attending physician and completely filled in by the funeral director, page 5 should be detached Heatth and Mental Hygiene prior to burial, cremation, or removal. was any injury, or other traumatic event, the medical examiner must be notified at once.		23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fellure.	a. Ather	on sech	line.	C				as cardiac or reap			Approximate interval Between Onset and Death
nd complete bunial, cremit rific event,	N	DUE TO (OR AS A CONSEQUENCE OF): Sequentieity list conditions, b												
ending physician and on Hygiene prior to bunia or other traumatic	RTIFICATION	if any, leading to immed cause. Enter UNDERLY	diets NG	DUE TO	(OR AS A CO	INSEQUENCE O	F):							
ygiene ygiene other	TIFIC	CAUSE (Disesse or injue that initiated events resulting in death) LAS		DUE TO	(OR AS A CO	NSEQUENCE O	F):							
attend mtal H	Ü			d						_				1
ed by the att th and Menta any injury,		PART ii. Other algnifice	nt condition	s contributing to	death but i	not reaulting	in the unde	rlying	g ceuse giv	ven in F	Part i. 24s. WAS AP			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
gned t	DICAL										1 YES	3 NO		COMPLETION OF CAUSE OF DEATH?
	ME	DID TOBACCO	USE C	ONTRIBUTE	TO CA	USE OF	DEATH	V	FS []	NO				1 - YES 2 - NO
Dept.	A N	25. WAS CASE REFERRED TO			10 0	1002 01	DEATH	-	LACE OF DEA		th only one)			
certificate has been the State Dept. of 1, or item 23 shu	YSICI	EXAMINER?		HOSPITAL:	ER/Oulpatie	nt 3 🗆 DOA	OTHER:				Other (Specify)			
s certif	РНҮ	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY	28b. TIN		c. INJ	URY AT	T	28d. DESCRIBE HOW	INJURY OC	CUREO	
After this condeath with 1 s marked,	ВУ		Pending nvestigation				М	1 🔲 1	YES 2 I	NO				
after 28	TED		Could not be determined	28e. PLACE O building,	F INJURY i etc. (Specify)	Al home, ferm,	streel, factory	, offic	•		281. LOCATION (Street City or Town, State		or Rural Ad	oute Number,
	7	29a. CERTIFIER	IFYING PHYSIC	CIAN: To the beat of	my knowledg	e, death occurr	ed at the time	date	and place as	nd due t	n the cause(s) and me	nner ne ete	lad	
2 Description one) 2 MEDICAL EXAMINER: On the best of examination and/or investigate														end manner ee stated.
E BO	BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	Con/m	p				29c. LICENS		BER PPZ	29d, DAT	E SIGNED!	Month, Day, Year)
	2	30. NAME AND ADDRESS OF	PERSON WN									_	/	/ ' '
		Robert L.					Cente	r 1	Dr.	Rei	sterstown	, Md.	. 21	136
		JUL 1 5 199	4 de	32. REGISTRA	R'S SIGNATU	RE								

313 . . .

5:

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.
	ours at
0	T.
w.	-
1	90
∞	5
9	8
-	- 6
~	92
0	9
BOX 68760.	cate be executed with

DIVISION OF VITAL RECORDS, P.O.

the has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. It is not been supported at once. The law requires that the death certific TO THE HOSPITAL OR ATTENDING PHYSICIAL
TO THE FUNERAL DIRECTOR. They are refine
be filed within 72 hours after o atif min je S
iMPORTANT: If item 28 is heriked, gut

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGIOTRAL		OLITTI	ICATE	- 01	DEATH	HEG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest) HELEN	AU	ELE		70	STER	2. DATE OF DEATH MONTH	ž ý	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-20-4264	1 🗆 M 2 🏋	AGE (In yrs. lest birthday	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	17	BIRTHPLACE (State or Foreign Country)
BO	DEATUN SPECIA		+ HOME			CONTROL DE LOCATION OF D	21230		140, City
151	RESIDENCE OF DECEDENT								
DIRECTOR	MD Bal	Bat					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 825 G-2010	ie Sti			101	ZIP CODE	0/	10g. CITIZEI	N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced	12. WAS DECEDENT EX FORCES? 1 I	YES 2 NO		If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Speci	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.) fy:	s or No — 14	Black, White, etc. Specify: Black
8	15. DECEDENT'S EDUC	CATION	16s. DECEDENT	e Hellell o	CCLIBATIO	204	16b. KIND OF BU	CIMERO (IND.)	Town
COMPLETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	work done use retired.)	during mo	st of working	IOB. KIND OF BU	SINESS/INDUS	ALTY CONTRACTOR OF THE PROPERTY OF THE PROPERT
BE CON	17. FATHER'S NAME (First, Middle, Last) Henry Par	ker				18. MOTHER'S N.	AME (First, Middle, Melder	Surname)	
TO E	SUSIE Will	AMS	196. MAJLIN	ADDRES		ond Number or Rural	Acute Number, City or Toy Sta Balt	o, M	D 2/2/7
	20. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Reme 4 Donation 5 Other (Specify)	ovel from State	20b. PLACE AND DAT cemetery, cremetory or			me of	DATE 20c. LC	OCATION — CH	y or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	Auch L		22.	NAME AN	D ADDRESS OF F	arch Fur	ioral	Home P.A.
	1000000	***			TU	Fred t	lilton Pa	22	21229
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause Aresos DUE TO (OR	cleratee (~		inatory sires	t, Approximate interval Batween Onset and Death
NO	Sequentially list conditions,	Diabe	ter Mellite AS A CONSEQUENCE	est.					
FICAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		AS A CONSEQUENCE		-				
CERTIFICATION	resulting in death) LAST					•			
EDICAL	PART II. Other algoriticant condition Multiple Science Propose silce	- ونيون	eth but not resulting	in the u	nderlying	g cause given in	Pert I. 24a. WAS AI PERPO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	- Marie Course	N .							1 TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL								
0	EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH (C	heck only one)		
YS	1 TYES 2 NO	1 Nopetlant 2 ER	/Outpatient 3 DOA			e 5 🗆 Rasidenca	8 Other (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,)		ME OF NJURY M		URY AT PRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	REO
8	3 Suicide 8 Could not be determined	28e. PLACE OF IN building, atc.	JURY — At home, farm (Specify)	, street, fac	tory, offic	•	28f. LOCATION (Street City or Town, State	and Number or)	Rural Route Number,
COMPLET							a to the cause(s) and me		cause(a) and menner as stated.
8	- france				1000				reserves, and months and states.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	(luss)				DIG	58	> 7/	12/9 Pour
F	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE C	DE DEATH (ITEM 27) (THE	leg (+	1.7	altino	a Ald.	2/2	50
	31. DATE FILED (Mahth, Day, Year)	32. REGISTRAR'S	SIGNATURE						
	JUI 1 5 1001 1	Ma Davidson							

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deam certained be executed within the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. Of result and the most of the modical examiner must be notified at once.	
	SOURS	illed in	e med	
ORDS, P.O. BOX 13146,	es that the near certifical be executed within	gned by the second process and completely fi	s any injury or other traumatic event, the	The same of the sa
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	O THE FUNERAL OIRECTOR: After this certificate has been sign	e nied within /2 nouts after bean with the state bept. of real MPORTANT: if item 28 is marked, or item 23 shows	
	-	-		1

permit. Pages 1, 2, 3 should

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	1. DECEDENT'S MANIE (First, Middle, Last)				2. DATE OF DEATH MONTH DA	L JIGA	3. TIME OF DEATH
ı	4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (II	yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	99	RTHPLACE (State or Foreign
	212-22-6167 1000 8		THE DAYS	HOURA MIN.	(Month, Day, Year)	9	Panilar
J)	9a. FACILITY NAME (if not institution, give street and number)	// 9b	CITY, TOWN C	R LOCATION OF DE		9c. COUNTY O	F DEATH /
TOT I	PICASANT MANOR NULSAN	16 Hine	DAI	HMORE	-		
DIRECTOR	10a, STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	MANJANO	1215	1/in	ore			14 YES 2 NO
RA	10e. STREET/AND NUMBER	Ane,	101	ZIP CODE	17	10g. CITZEN C	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	or No- 14. R	ACE — American Indian,
ВУ Б	1 Never Married 2 Married IF YES, GIVE WAR OR DA			2 TO NO Specify			pochy: Black
ETED (15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USI	JAL OCCUPATION	ON at af unation	16b. KIND OF BUS	I INESS/INDUSTR	Y
	Elamentary/Secondary (0-12) College (1-4 or 5 +)	(Give kipd of work life. Do NOT use re	tired.)	st or working			
COMPL	17. FATHER S NAME (First, Middle, Lost)	HOM	11115	18 MOTHER'S NA	ME (First/Middle, Maiden	Sumama)	
BE C	Clearance (9049	h		140	len		
TO B	19e INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street a	nd Number or Rural F	Journal Jumber, City or Town	n, State, Zip Code,	1461
-	20a. METHOD OF DISPOSITION 20b.	PLACE OF DISPOSITION	BAL	ONALI	Arkeuny 1	APT 903	0410 pr 2135
	1 / Burisi 2 Cremation 3 Removal from State	other place)	Thedr	of CE	m	BALTO	md.
	21. HIGHATURE OF FUNERAL SERVICE LICENSEE	1	22 NAME AL	NO ADDIRESS OF FA	EUSS F	UNEr	Al Home
	Hoseph L. Kuss	Tang 15	200	2 W.N.	orth AUE	BAI	16. m. 21218
	23. PORT I. Enter the disease, or complications that caused ehock, or heert fellure. List only one ceuse on ea		enter the mo	de of dying, sucl	h se cardiac or respi	retory arreat,	Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition		. 1 1	650 17 B	=A-11-(101	_	Onset and Death
		CONSEQUENCE OF):			=AICURE		DAYI
N	Sequentially list conditions,	14TED	CA	ROIOM	YOPATM	4	MONTH
ATIC	If any, leading to immediate cause. Enter UNDERLYING	SCND					YEARS
JFI6	triat illitrated events	CONSEQUENCE OF):		27			
CERTIFICATION	resulting in death) LAST						
	PART II. Other significant conditions contributing to death by						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	AORTIC Serryn	7 200	UFF	1ENCY	1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
_	JE!LYR	E \$1501	e DEIC	P.	-		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			LACE OF DEATH (Ch	eck only one)		
YSIC	EXAMINER? 1 YES 2 NO	ntlant 3 DOA 4	THEAT; Nursing Hon	ne 5 🗆 Residence	8 Other (Specify)		
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	URY AT DRK? YES 2 - NO	28d. DEŞCRIBE HOW I	NJURY OCCURE	0
ВУ	2 Accident investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY				28f, LOCATION (Street		ral Floute Number,
TED	4 Homicide determined building, atc. (Spec	my)			City or Town, State)		
COMPLET	29a. CERTIFIER (Check only one)						
CO	2 MEDICAL EXAMINER: On the basis of axamination	and/or investigation, i	n my opinion, o				
8	29b. SIGNATURE AND TITLE OF CENTIFIER	In The	110	29c. LICENSE NUI	S G C CG	29d. DATE SIG	NED, (Month, Day, Year)
5	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	(nt)	1 1 ==	1004	11 1	1
	B.C. VENERAGION JR. MI	, 4615	PArle	Heights	Ave, Ba	Ho , M	10 1/2/3
	31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGN.						

BALTIMORE, MARYLAND 21215-0020	ath certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physici	ttending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer to burial premation, or seminal
MA	retain	5 shor
BALTIMORE,	irs after death. Page 6 may be	n by the funeral director, page
	1 21 100	y filled
P.O. BOX 68760,	h certificate be executed within	ttending physician and completely filled in by the fun to Hymane prior to hurdal premation or removal
_	(2)	E 5

rysician. urial-transit permit. Pages 1, 2, 3 should DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE CHALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A fours after death. Page 6 may be retained by the host TO THE METAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the complete of t

1.	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
	DEOCRETIZIO MANIE (CL. 1 MAN. 1		

				V	10/11/2					HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH DA	w	YEAR	3. TIME OF DEATH
	MELVIN		N.		GAL	LOW	AY		JUL		199		7:15 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		8. BIRTI	IPLACE (State or Foreign
	218-07-5655	1X M 2 🗆 F	75	YRS.	MONTHS DAYS HOURS MIN. (Month, Day, Year) 10/5/1918						MARY	(LAND	
	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF D			9c. COL	INTY OF D	
Œ	515 SCOTT STRE	EU.			D	7 T ITI	TMOT	2.5					
읽	RESIDENCE OF DECEDENT	<u>r1</u>			B	ALT	IMOI	KE_					
DIRECTOR	10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN C	OR LOCA	TION						10d. INSIDE CITY
5	MARYLAND			BAL	TIMO	RE							LIMITS?
	10e. STREET AND NUMBER						. ZIP COD	E			10a, CI1	IZEN OF	WHAT COUNTRY?
FUNERAL	515 SCOTT STREET	1				2	1230				USA		
Ž.	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN ILS	APMED	T 12			TE MICEA	VIC ORIGIN? (S	Canality Man		14. 040	E — American Indian.
	1 Never Married 2 X Married	FORCES? 1	YES 2	NO		If yes, sp	ecity Cuba	n, Mexica	n, Puerto Rica	in, atc.)	or No—	Blec	k, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 YES	2 (X NO	Specif	y:			AFR.	"AMERICAN
	15. DECEDENT'S EDUC	CATION	16a.	DECEDENT'S	USUAL O	CCUPATION	ON		16b, KII	ND OF BUS	INESS/IN	DUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+		(Give kind of a life. Do NOT us	vork done	during mo	st of working	ng					
۲	12	Conege (1-4 of 5 f		CONSTR	HCTT	ON I	JORKE	ER.	PO	TTS 8	CA1	T.T.AHA	AN, INC.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			OOMBIL		.011	X.		ME (First, Midd				m, m.
	BENJAMIN GALL	OWAV						RU	,	LLOWA			
BE	19a. INFORMANT'S NAME (Type/Print)	OWAI		10h 144 11 11 1	ADDRESS	0 /04	med About A					- 0	
임	RUTH GALLOWAY								Route Number,				11220
			72.00					BAI	LTIMOR	7			
- 1	20s, METHOD OF DISPOSITION 1 Neurial 2 Cremation 3 Ramo	oval from Stata		cremetory or o				· 1 a	DATE			- City or To	
- 1	4 Donation 5 Other (Space)		MI.	CALVA						BROC	KLYI	N, MA	ARYLAND
- 1	- FI	EMBER ()	0		ES	NAME A	BROT	SS OF FA	FUNE	RAT. F	IOME.	P.A.	
	Deliver 1	1-11	10										21217
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	C	OR AS A CON	SEQUENCE O	F):	rdi	ovas	cul	ar Di	sea	se		Onset and Daeth
岁													
EDICAL	PART II. Other significent condition SEIZURE DISORI		death but no	ot resulting	in the un	nderlyln	g ceuse	given in		PERFOR	MED?	246	AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Σ	DID TOBACCO USE C	CNITDIDITE	TO CA	IICE OF	DEAT	ru v	EC 🗀	NO					1 TES 2 NO
ä		CINIKIDUIE	IO CA	USE OF	DEAT								
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		T	OTHER		ACE OF D	EATH (Ch	eck only one)				
PHYSICIAN:	1 X YES 2 NO	1 Inpatiant 2 I			4 🗆 Nun		10 5 K R	sidence	8 Other (S	pecify)			
	27. MANNER OF DEATH 1XXNatural 5 Pending	28a. DATE OF (Month, De		26b. TIM	E OF URY		PRK?		28d. DEŞCR	BE HOW I	NJURY OC	CURED	
B	2 Accident Investigation				М		YES 2	NO					
ETED	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE Of building,	F INJURY — At etc. (Specify)	home, farm,	street, fact	tory, offic	•			ON (Street a fown, State)	nd Numbe	or or Rural	Route Number,
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge,	death occum	ed at the t	ime, date	and place	, and dua	to the cause(a) and man	ner ae ste	sted.	
COMPL	One) 2 MEDICAL EXAMINE												a) and manner as stated,
	29b, SIGNATURE AND TITLE OF CERTIFIER		-					ENSE NUI					
BE	11/0. 11	19. A	-0										(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO		U)	TEM 970 /3	Drint1			.C.	M.E.			ULLY	9, 1994
	DENNIS CHUTE N	M.D.	11	1 Pen		tre	et,	Bal	timor	e, I	Mary	,lan	d 21201
	JUL 1. 5 1994	Julia Javid	R'S SIGNATURI	d aa									

270.00

77.9

BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill

	1 - STATE REGISTRAR	STATE OF MARYL		RTIFICA			WENTAL HTC			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA	TH		3. TIME OF DEATH
	ALMEDA GASQUE						итиом У	8 10	94	11.50 P
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	н	8. BIRTI	HPLACE (State or Foreign
1. 3	229-22-8329	1 M 2 X F	75	YRS. MONT	THE DAYS	HOURS MIN.	(Month, Day, Y		Count	S.C.
	9e, FACILITY NAME (If not institution, give			9b.	CITY, TOWN (R LOCATION OF DE		9c. COU		
DIRECTOR	THE JOHNS HOPKINS	HOSPITAL			BALTIN	ORE CIT	Υ			
l H	10a. STATE 10b. COUNT	Υ		10c. CITY, TO	WN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
	MD			BALT	IMORE					1 XXVES 2 NO
FUNERAL	10e. STREET AND NUMBER				101	ZIP CODE		10g. CITI	ZEN OF	WHAT COUNTRY?
in the	124 S. HILTON ST.					21229		U.	S.A.	
15	11. MARITAL STATUS	12. WAS DECEDENT EVER I				ENDENT OF HISPAN				E — American Indian, k, White, etc.
BY I	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1		2 NO Specify		~,	Spec	ally:
									AFF	AMERICAN
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(Gh	EDENT'S USUA e kind of work d Do NOT use retin	lone during mo	on st of working	16b. KIND (F BUSINESS/IND	USTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		MEMAKEI						
COMI	17. FATHER'S NAME (First, Middle, Last)	1	1101	TEMAKE	N.					
S	RICHARD CROSLAN	ID.				18. MOTHER'S NA				
BE	19a, INFORMANT'S NAME (Type/Print)		105	MAILING ADD	DESC (0)	nd Number or Rural F	LA CROS		0.41	
TO BE	FRANCINE PIERCE								,	1007
2	20a, METHOD OF DISPOSITION	201		DDATEOFDIS		AMES PLA				
E	1 X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State Cer	netery, crem	atory or other pi	ace)			c. LOCATION —		
	21. SIGNATURE OF PUNERAL SERVICE LI		KDUIL	JS MEM		ID ADDRESS OF FAC	41/94	ARBUT	JS	MD
	1 / 1/2 /	01 1	-1		ESTEP	BROTHER	S FUNER	AL HOME	P.A	
	I lace	Isle	1/		1300	EUTAW PL	ACE BAL'	ro. MD	2121	7
יופחוכקו פצקווווופו	23. PART I Enter the diseases, or shoet, or heart failure.	complications that cause	d the dea	th. Do not e	nter the mo	de of dying, sucl	h aa cardiac or	respiratory arr	eat,	Approximate interval Between
	IMMEDIATE CAUSE (Finel									Onset and Death
	disease or condition resulting in death)	a. hemorrhog DUE TO (OR ALE)	1'c C	enebros	vascul	20000	lent			41 4
CAGIL!	-0-1710-10-10-11-11-11-11-11-11-11-11-11-11	DUE TO (OR ALL)	CONSECU	JENCE OF):		a accid				7 0000
						م مردرو				4 days
	Sequentially list conditions.	b				w uccie				1 days
	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS /	A CONSEOL	JENCE OF):		a decre				Taays
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	С.				a decid				1 days
	If any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A DUE TO (OR AS A				4000				Taays
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	С.				w 40016				Taays
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS A	A CONSEOU	JENCE OF):				AS AN AUTOPSY	241	. WERE AUTOPSY FINDINGS
AL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e. DUE TO (OR AS A	A CONSEOU	JENCE OF):	e underlying	g ceuse given in	Part I. 24a. W	RFORMED?	241	AMILABLE PRIOR TO COMPLETION OF CAUSE
AL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A	A CONSEOU	JENCE OF):	e underlying	g ceuse given in	Part I. 24a. W		241	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e. DUE TO (OR AS A	A CONSEOU	JENCE OF):	e underlying	g ceuse given in	Part I. 24a. W	RFORMED?	248	AMILABLE PRIOR TO COMPLETION OF CAUSE
AN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition common and and any common and any capability.	e. DUE TO (OR AS A	A CONSEOU	JENCE OF):	e underlying atn'a	g ceuse given in	Part I. 24e. W PI	RFORMED?	248	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and any conditions and any conditions are the conditions.	d.	A CONSEOU	sulting in the	e underlying atna	ceuse given in fibrilleti	Part I. 24a. W Pl	ES 2 NO	241	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
YSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition COTONON and and and any and any and any and any and any	d. DUE TO (OR AS A D. DUE TO (OR	A CONSEOU	sulting in the	e underlying afria 28. Pt HER: Nursing Hom	ACE OF DEATH (Che 5 Residence	Part I. 24a. W Pl	ES 2 NO		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
YSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition COTOMAN anterior 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	d. DUE TO (OR AS A description of the contributing to death to discovery the contribution of the contribu	A CONSEOU	sulting in the	28. PL HER: Nursing Hom WO	ACE OF DEATH (Chi	Part I. 24a. W Pl th 1 1 1	ES 2 NO		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition COTONIAN ANTER 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d. DUE TO (OR AS A D. DUE TO (OR	patient 3 (Sulting in the	26. PL HER: Nursing Hom WO 1 1	ACE OF DEATH (Che 5 Residence URY AT RES 2 NO	Part I. 24s. W PI th 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ES 2 NO	CURED	D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition COTONAN anterior 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	d. DUE TO (OR AS A d. CONTributing to death be discase, hy discase, hy discase, hy discase death be discase, hy discase discas	patient 3 (Sulting in the	26. PL HER: Nursing Hom WO 1 1	ACE OF DEATH (Che 5 Residence URY AT RES 2 NO	Part I. 24a. W Pl 1 1 1	ES 2 NO	CURED	D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
LETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition COTONIAN ANTERIOR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	d. DUE TO (OR AS A d. D. D. D. D. DUE TO (OR AS A d.	petient 3 (Sulting in the	28. PL HER: Nursing Hom 28c. INJ WO 1 WO fectory, office	ACE OF DEATH (Che 5 Residence URY AT RK? 15 NO	Part I. 24e. W PI 1 1 1 1 25ch only one) 6 Other (Specific City or Town,	ES 2 NO /) /) // // // // // // // /	OF Rural	D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition COTONIAN OF DEATH 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5	d. DUE TO (OR AS A d. D. D. DUE TO (OR AS A d. D. D. D. DUE TO (OR AS A d.	patient 3 (Sulting in the	28. PL HER: Nursing Hom 1 01, office	ACE OF DEATH (Che 5 Residence USY AT RK? end place, and due	Part I. 24s. W PI CM	RFORMED? ES 2 NO	or Rural	Autopsy findings Amailable Prior To Completion of Cause of Death 1 Yes 2 No
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition COTO NOTE OF STATE	DUE TO (OR AS A DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year)	patient 3 (Sulting in the	28. PL HER: Nursing Hom 1 01, office	ACE OF DEATH (Che 5 Residence URY AT RK7 ess 2 NO end place, and due seth occured at the	Part I. 24a. W Pl 1 1 1 1 28d. Describe 1 28d. Describe 1 28f. Location (chy or Town, to the cause(e) er time, date and pla	() NO INJURY OCC Street and Number State) d manner as state, and due to the	or Rural	Acute Number, and menner as stated.
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition COTONIAN OF DEATH 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A DATE OF INJURY (Month, Day, Year) 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 1 28a. PLACE OF INJURY (Month, Day, Year)	patient 3 (Sulting in the	28. PL HER: Nursing Hom 1 01, office	ACE OF DEATH (Che 5 Residence USY AT RK? end place, and due	Part I. 24a. W Pl 1 1 1 1 28d. Describe 1 28d. Describe 1 28f. Location (chy or Town, to the cause(e) er time, date and pla	() NO INJURY OCC Street and Number State) d manner as state, and due to the	or Rural	Autopsy findings Amailable Prior To Completion of Cause of Death 1 Yes 2 No
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition COTOMON ONTER OF DEATH 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINICATION ONE OF CERTIFIER OF CE	d	petient 3 (in a petient 3 (in	Sulting in the	28. PL HER: Nursing Hom 28c. INJ WO 1 1 1 factory, office ithe Hime, date my opinion, d	ACE OF DEATH (Che 5 Residence URY AT RK7 ess 2 NO end place, and due seth occured at the	Part I. 24a. W Pl 1 1 1 1 28d. Describe 1 28d. Describe 1 28f. Location (chy or Town, to the cause(e) er time, date and pla	() NO INJURY OCC Street and Number State) d manner as state, and due to the	or Rural	Acute Number, and menner as stated.
WE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition COTONIAN OF DEATH 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A d. na contributing to death to ALSCASC JULY HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	petient 3 (in a petient 3 (in	Sulting in the NOVON A CONTROL OF SULTING OF	28. PL HER: Nursing Hom 28c. INJ WO 1 1 1 factory, office ithe lime, date my opinion, d	ACE OF DEATH (Che 5 Residence URY AT RK7 ess 2 NO end place, and due seth occured at the	Part I. 24a. W Pl 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	() NO INJURY OCC Street and Number State) d manner as state, and due to the	or Rural	Acute Number, and menner as stated.

STATE REGISTRATES SIGNATURE

Hospital, Pathology 509, Beltimore MD

DIVISION OF VITAL RECORDS, P.O. BOX 68760 HOSPIAL OR ATTENDING PHYSICIAN: The law requires bushed. DIRECTOR: After this certificate has been signed with the State Dept. of Health with the State Dept. of Health II Item 28 is marked, or item 23 shows a

onysician.	il director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		
attending	use as the		
ne nospital or	detached for		9000
retained by to	5 should be		we are injury or other traumatic event the medical eventues must be notified at even
ge o may be retain	ctor, page 5		nuet he n
eath. Page	funeral dire		vaminar r
to be executed within Trouts after beath. Pag	mpletely filled in by the funeral direc	or removal.	medical a
D WILLIE	impletely fill	l, cremation,	event the
De execute	cian and co	ior to buria	raumatic
n cerumodie	signed by the attending physician and comp	Hygiene pr	or other t
di ine ueal	by the afte	Health and Mental Hygiene	valini v
ILES (II	signed	-lealth	40 98

	1 - FOR STATE OF MARYLAND REGISTRAR	/ DEPARTM				GIENE 3. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	JEIIII IO	TIL OI	DEATH	2, DATE OF OE			3. TIME OF DEATH
	John William GOBLE				07 1:	DAY	94	1:00 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	last birthday) IF t	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH		IPLACE (State or Foreign
ı	218-68-2375 1XXM 2 □ F 37	YRS. MON	THS DAYS	HOURS MIN.	09 I(Year)	Countr	
ŀ	9a. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN C	R LOCATION OF DE			UNTY OF O	2
۳ ا	4801 Ruby Avenue		rbutus				Balti	
DIRECTOR	RESIDENCE OF DECEDENT		LData				Darei	MOZE
	10a. STATE 10b. COUNTY		WN OR LOCAT			_		10d. INSIDE CITY LIMITS?
	Maryland Baltimore	A	rbutus					1 TYES 2 X NO
₹ I	10e. STREET AND NUMBER		101	ZIP CODE		100000		VHAT COUNTRY?
FUNERAL	4801 Ruby Avenue			21227			U.S.A	١.
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2			ENDENT OF HISPAN			14. RACE Black	E — American Indian, k, White, etc.
BY	1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 X Divorced	3,15	1 TYES			,,,,,	Speci	
	15. DECEDENT'S EDUCATION 18a.	DEOCOENTIA HOU			T		1	
2	(Specify only highest grade completed)	Give kind of work of life. Do NOT use reti	done durina mo		16b. KINO	OF BUSINESS/I	NDUSTRY	
ا ٿ	Elementary/Secondary (0-12) College (1-4 or 5 +)	Mechanic	,		Mech	anical	Busi	ness
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA				
_	William GOBLE			Caroli		LUSTER		
8	19a. INFORMANT'S NAME (Type/Print)	19h MAII ING ADD	BESS (Street a	nd Number or Rural F	Boude Number City	or Tours Otate	Zin Code)	
임	William Goble			nue, Arb			227	
	20g. METHOD OF DISPOSITION 20h BLAC	E AND DATE OF DIS				POC. LOCATION	City or To	Ctete
	20s. METHOD OF DISPOSITION 15 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	on Park	Cemete	r 37	7/16	Baltim		
ł	21. SIGNATURE OF FUNERAL SEGMENT LICENSEE	JII Tark	22. NAME AN	O ADDRESS OF FA	CILITY		ore,	TID .
1	19 4/1/2		HUBBA	RD FUNER	RAL HOME			
-	Mour Domi			Wilkens	-		-	21229
l	 PART i. Enter the disesses, or complications that ceused the ahock, or heart failure. List only one ceuse on each ii 	deeth, Do not e ne.	inter the mo	de of dying, suci	h as cardiac o	respiratory	irrest,	Approximeta Interval Between
	IMMEDIATE CAUSE (Final							Onset and Death
- 1	resulting in death) a. CAUITARY PNE	MINOMA						1 man/h
			-	,				
<u>ج</u> ا	Sequentially list conditions, b. Acquired Immu.	woohcen	19 144	dvone				2 gears
CERTIFICATION	Sequentielly list Conditions, If any, leading to immediate cause. Enter UNDERLYING	SEOUENCE OF):						
3	CAUSE (Disease or Injury	EOHENCE OF						
	that initiated svents resulting in death) LAST	seddende or j.						İ
9	d							
ا ہے	PART ii. Other significent conditions contributing to deeth but no	t resulting in th	e underiyin	ceuse given in	Part I. 24a. \	MAS AN AUTOPS	Y 24b	. WERE AUTOPSY FINDINGS
					- 1	YES 2 NO		AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC								OF DEATH?
-	DID TOBACCO USE CONTRIBUTE TO CAL	USE OF D	EATH Y	ES NO				
CIAN	25. WAS CASE REFERREO TO MEDICAL			ACE OF DEATH (Ch				
n I	1 YES 2 NO 1 Inpetient 2 ER/Outpetient		HER; Nursing Hom	5 Residence	8 Other (Spec	ffy)		
H	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJ	URY AT	28d. DESCRIBE	HOW INJURY O	CCURED	
24	1 Natural 5 Pending 2 Accident Investigation	INSORT		ES 2 NO				
	3 Suicide 8 Could not be	home, ferm, street	, factory, offic		28f. LOCATION		per or Rural F	Route Number,
COMPLETED	4 Homicide datarmined				City or Town	, State)		
ן ב	29a. CERTIFIER (Check only Check only 1	death occurred at	the time date	and place, and due	to the causele) a	nd manner se s	tetad	
ξ	one) 2 MEDICAL EXAMINER: On the basis of examination and/							n) and manner se stated.
- 1	29b. SIGNATURE AND TITLE OF CERTIFIER							
ᆲ	A 1 2001 CB 1111		i	13833		29d. D.	7 13	(Month, Day, Year)
2 ∥	SO NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	TEM 27) /Time Delan	r)	03000	1		1101	/ /
	Dr. Jonathon Cohn Un. of MD Me		*	Greene S	St. Balt	imore.	MD	
						,		
	31. PATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE File Juil Suite Pands							
	June days							

TTT

i

7
68
×
0
0
Ö
σ.
Ś
<u> </u>
0
\odot
끭
7
1
=
-
P.
3
Z
0
S
5
=

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If tem 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
AR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	Robert T	. Gardı	ner		2. DATE OF DEATH DO 7 - 11		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-10-5871	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign junitry)
ш	8a. FACILITY NAME (If not institution, give st		81 YRS.	9h CITY TOWN	OR LOCATION OF D	10-22-1	2 M	laryland
E C	4205 Falls Ro		2		ltimore			PEAIN
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY							
DIRECTOR	Maryland		10c. C11	Y, TOWN OR LOCA Ba	nom ltimore	4		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL (100. STREET AND NUMBER 4205 Falls	Road Apt.	12		. ZIP CODE	21211	tog. CITIZEN C	F WHAT COUNTRY?
NO.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN? (Specify Yas	or No.— 14. R	ACE — American Indian,
BY	1 Never Married 2 Merried 3 Mildowed 4 Divorced:	FORCES? 1 YES			ecity Cuban, Mexica 2 X NO Specif	n, Puerto Rican, etc.)		pechy: white
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a, DECEDENT'S (Give kind of a life, Do NOT us	USUAL OCCUPATION	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTR	Υ
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		hanic		Kemp	Mfgr.	
S S	17. FATNER'S NAME (First, Middle, Last)		11.00	11011111	16. MOTNER'S NA	ME (First, Middle, Maiden		
BE (Irvin Gard	ner				armen Ta	-	
5	196. INFORMANT'S NAME (Type/Print) Katherine Burk		19b. MAILING 112	Melvin	Avenue	Route Number, City or Tow Catons	n, State, Zip Code, Ville,	MD 21228
	20s. METHOD OF DISPOSITION 1 Spurisi 2 Cremetion 3 Remote the Control of the Con		PLACE AND DATE (OATE 20c. LO	cation — chy o	r Town, Stats
	21. SIGNATURE OF FUNERAL SERVICE LIC		DIUIU K	22. NAME A	ND ADDRESS OF FA	CILITY		
	* Jugger	Jenso (in	sente	Burg 3631	ee-Hens Falls	s Funera Rd Balt	I Home	21211
	23. PART i. Enter the discusses, or o	complications that ceuse List only one cause on a	the death. Do r					Approximate
	IMMEDIATE CAUSE (Final			11	1 0:			Interval Between Onset and Death
	disease or condition resulting in death)	. Atherosci	CONSEQUENCE OF		lar Dis	seuse		
z		bot 10 (011 AB A	CONSEGUENCE OF	·).				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):				
	ceuse. Enter UNDERLYING CAUSE (Disesse or injury	DUE TO (OR AS A	CONSEQUENCE OF	Fi:				
E	that initiated events resulting in death) LAST	4		. ,.				
	PART II. Other significent condition	s contributing to death h	ut not resulting	In the underlyin	a course alves in	Part I. 24s. WAS AN	ALITORNY I	24b, WERE AUTOPSY FINDINGS
CAL	Hypertensio		at not resulting	in the onderlyin	& canse diven in	PERFOR	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						1 YES 2	I NO	OF DEATH?
ä	DID TOBACCO USE	CONTRIBUTE TO	CAUSE O	F DEATH	YES N	о п		
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)		
ΤΥS	1 YES 2 NO	1 Inputient 2 ER/Outp	atlent 3 DOA	4 - Nursing Non	NO 5 Residence	6 Other (Specify) 28d, OEŞCRIBE NOW I	N HIEV COOLER	
	1 Netural 5 Pending	(Month, Day, Year)	INJ	JURY WO	YES 2 NO	200. DESCRIBE NOW F	NJOHT OCCOREC	·
ED BY	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— Al home, larm,	street, lectory, offic	*	261. LOCATION (Street of City or Yown, State)		rel Route Number,
ETE	4 Nomicide datermined					ony or rown, oracley		
COMPL	one)	CIAN: To the best of my know R: On the basis of sxamination						se(s) and manner as stated,
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE SIGI	NED (Month, Day, Year)
10 B	Seley a. of	-aug			03322	20	►7/12	194
۴	30. NAME AND ADDRESS OF PERSON WH	A 17 272	ATN (ITEM 27) (Type	Print)	Line	MAD DID	. 1	1
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		L. Dali	rimore	, M.D. 212	.ll	
		hate Killing A						
الــــــا	1334	THE THE PARTY AND THE	encla MP					DNMN-16 Rev 1/89

0.70

3

chammer must be nothled at once.		THE COLOR DESCRIPTION OF THE STATE OF THE COLOR OF THE CO
examiner must be notified at once.	Item 28 is marked, or item 27 more my injury, or other traumatic event, the medical examiner must be notified at once.	m 28 Is marked, or item 23 mass mi
e funeral director, page 5 should be detached for il.	DIRECTOR: After this certificate in the group would be attending physician and completely filled in by the funeral director, page 5 should be detached for hours after death with the State Dest of the Americal Hygiene prior to burial, cremation, or removal.	RECTOR: After this certificate I.B. b. or The during after death with the State I.B. of the state I.B. or or the state I.B. or or the state I.B. or or or or or or or or or or or or or
mideou ou de poumor or four or offer surpor		

0

S. Dreene

31. DATE FILED (Month, Day,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 94 2954 osely Trunger 7 11 7. DATE OF BIRTH (Month, Day, Year) 4-9-59 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) -7052 DAYS HOURS MD 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City Baltimore DIRECTOR HUS RESIDENCE OF DECEDENT Baltimore 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1444 11. MARITAL STATUS 21217 U.S. Mountmor 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuben, Mexican, Puarto Rican, etc.)
 I YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married ВҰ Black ved 4 Divorced 15. DECEDENT'S EDUCATION

15. DECEDENT'S EDUCATION

15. DECEDENT'S EDUCATION COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most life. Do NOT use retired,) 166. KIND OF BUSINESS/INDUSTRY condary (0-12) College (1-4 or 5+) saltimore etician 17. FATHER'S NAME (First, Middle, Lest) William 0. irginia **B**E nber City or Town, State, Zio Code)
Bolfo, MD ZiZI7 ANFORMANT'S NAME (Type/Rrint) 19b. MAILING ADDRESS (St Granger 90 Irginia 20a METHOD OF DISPOSITION
1 M Surlet 2 Cremetion :
4 Donation 5 Commercial 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata Burlat 2 Cremetion 3 Removal from State
Donation 5 Other (Specify) 270 Frediton Pass Balton MD 21129 22. NAME AND ADDRESS OF FACILITY Men GARY P. MARCH F.H. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ Days erebral resulting in death) DUE TO (OR AS A CONSEQUENCE OF): BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST PART it. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? per tension 1 TYES 2 KNO 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO I 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Acctdent 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homtcide 29s. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred et the time, deta and place, and due to the cause(a) and man 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my op 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 11/94 leurosurgery

21201

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

2756. 15

ì

ì

215-0020	& may be referred by the honoidel or oftending abacician
\overline{z}	-
ND 2	honologi
4	9
_`	1
>-	ì
, MARYLAND 21215	boninter
-	5
E W	and a
0	u
BALTIMORE,	Doge
Γ,	4
7	9
~	2
ш	affe
	20110
_	-3

RECORDS, P.O. BOX 68760,

	г	-		١
	Ŀ	Ξ	١	٩
	E	Ξ		1
۹	ē	С	3	
	o	Щ	۱	
	C)		
	2	E		
١	ζ)		
	ũ	5		
	5	5		
	2	5		
	_	_		

MITA RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	the majorities that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	per signed by the amending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not result and Mental Mysiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
WITA RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed with	attings to the still and Mental Mygiene prior to burial, cremation, or removal.	i, or talk 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHILIN	TO THE FUNERAL DIRECTOR After Illusions be filed within 72 hours after death with	IMPORTANT: If item 28 is marked,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG NO

	FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle	Ve, Last)			2, DATE OF DEATH	3. TIME OF DEATH
	511 -1	eth morr	is Harr	210	MONTH DAY	1994 16:30 A M
	4. SOCIAL SECURITY NUMBER			DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	1122200	24 10 H 2 Dr 9	ALCOURT.		(Month, Day, Year)	Country)
	064 20 3	3./	_		5-9-04	VIRGINIA
or	9e. FACILITY NAME (If not institution	и, give street end number)		ITY, TOWN OR LOCATION OF DI		COUNTY OF DEATH
DIRECTOR	HARFORD	ENT.	17.	ARUE DE GI	rack (HARFORN
EC		COUNTY	10c. CITY. TOW	N OR LOCATION		10d. INSIDE CITY
H		11	1			LIMITS?
7	100. STREET AND NUMBER	MARFURD	HARY		ર હર્	1 L-MES 2 NO
RA	4 1	0		10f. ZIP CODE	109	CITIZEN OF WHAT COUNTRY?
FUNERAL		TA ROAD		11219	7	U.S.A
5	11. MARITAL STATUS 1 Never Merried 2 Merrie	12. WAS DECEDENT EVER II FORCES? 1 YES		 WAS DECENDENT OF HISPAI If you, specify Cuber, Mexico 		lo— 14. RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TES 2 NO Specif	y:	Specify:
	15 DECEDENT	T'S EDUCATION	44- 05050501740 1101141	00010171011		POLACIL
TE	(Specify only highe	est grade completed)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF BUSINES	S/INDUSTRY
7.	Elementery/Secondery (0-12)	College (1-4 or 5+)	, 1			
COMPLETED			Homem			
	17. FATHER'S NAME (First, Middle, E	Last)		18. MOTHER'S NA	ME (First, Middle, Maiden Surne	ime)
BE	14 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ORRIS		ELIZA		21213
0	IN THE CHOMPY	71 1/11	196. MAILING ADDR	ESS (Street and Number or Rufal	Relute Number, City or Town, Sta	ite, Zlp Code)
-	115. 11AVI	MA NOTTEY	36Mack	Hue. Thoracil	Air N.J.	07042
	20e. METHOD OF DISPOSITION 1 Burtal 2 Cremation 3	☐ Ramoval trees trata	THACEAND DATE OF DISP neter cremetory or other pie	OSITION (Name of	DATE 20c. LOCATIO	ON — City or Town, State
	4 Decetion 5 Other/Speci	ity)	reem cremeter or other ole	ount Cem	15A	Mr. Tho,
	21. SIGNATURE OF FUNERAL SER			NAME AND ADDRESS OF EA	TY CE FU	WerAl Home
	V/ann	61-1 1/11	1	2000	CUS 1	W. La land
-	22 BAT I Seter the Glosses	v d' icua	2 0	GOLWINO	In Averby	7/10, 4nd, 213/6
	ehock, or heert f	ea, or complications that cause failure. Liet only one cause on a	ech line.	ter the mode of dyling, auc	h aa cardlec or reapirato	ry arreat, Approximata Interval Between
1	IMMEDIATE CAUSE (Final	1	1	Λ	1	Onset and Death
	disease or condition resulting in deeth)	· Cereby	O Ullsula	n acude	W	
		QUE TO (OR AS	A PONSEOUENGE OF);	111/		
Z	Sequentielly liet conditions,	o /an-C	X DOV. a	118		
F	If any, leeding to immediate		CONSEQUENCE OF):			
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c				
E	thet initiated events	DUE TO (OR AS /	CONSEQUENCE OF):			
CERTIFICATION	resulting in death) LAST	d				
	PART II. Other significant co	onditions contributing to death b	out not readition to the	underlying active to	Deat las	
SAL	AAAAAAAAAA	1 / A	at not resulting in the	underlying cause given in	Part 1. 24a. WAS AN AUTO PERFORMED	? AVAILABLE PRIOR TO
MEDIC	- CAVOVIA	my men	1-0000		1 YES 2	COMPLETION OF CAUSE DF DEATH?
ME					_	1 TES 2 NO
					`	
PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?			28. PLACE OF DEATH (Ch	eck only one)	
Sic	1 TES NO	HOSPITAL:	patient 3 DOA 4 1	ER: Yursing Home 5 🗆 Residence	8 Other (Specify)	
E	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW INJUR	Y OCCURED
ВУ Р	1 Return 5 Pendir	ing (Month, Day, Year)	YRULNI	WORK?		
	2 Accident Suicide 8 Could	28e. PLACE OF INJURY	— At home, term, street,	tectory, office		lumber or Rural Route Number,
0	4 Homicide determ	building, etc. (Spe	спу)		City or Town, State)	
COMPLET	290. CERTIFIER	IC BUYCICIAN, T	W Washington			
₩ D	(Check only	PHYSICIAN: To the best of my know				
0	MEDICAL E	EXAMINEH: On the beele of examination	n end/or investigation, in m	y opinion, death occured at the	time, date end place, end due	e to the cause(e) end menner ee stated,
BE (296. SIGNATURE AND TITLE OF	ERUFIER		29c. LICENSE NUI	ABER 290	1. DATE SIGNED (Month, Day, Year)
	(XWW/2)	Wal-1X		105 X	35	7/10/40
임	30. NAME AND AGORESS OF PERS	SON WHO COMPLETED CAUSE, OF DE	ATH (ITEM 27) (Type, Print)	C 1 = 0 1	000	
	LINDA	ME ruct	1016	well lu	red Sel a	WHD21015
	31. DATE FILEO (Month, Day, Year) JUL 1 5 1994	32. REGISTRAR'S SIGN	IATURE			
	I WILL I TIME	1. A	0 . 0			

		2
020	physician.	physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe
ō	90	the
Š	bue	35
2	att	Se
21	0	00
ND	hospita	ched 1
A	he	deta
7	6	2
IAR	tained	pinous
2	16	S
щ	b p	page
JOR	е 6 т	ector,
2	Pag	B
BALTIMORE, MARYLAND 21215-0020	death.	funera
œ	fter	/ the
	85	5
	0	De i
		fille
BOX 68760,	feate be executed with Jours after death. Page 6 may be retained by the hospital or attending physician.	d completely
9	exe	an
ô	2	ician
m	Scate	physi

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Mic	1	lason (Micha	10	Λ.((1.)	2. DATE	OF DEATH	Y YEA	
Ħ	4. SOCIAL SECURITY NUMBER	7 7	5. SEX	8. AGE (In yrs. las		UNDER 1 YEAR	-	7. DATE	OF BIRTH	8. B	HRTHPLACE (State
	217-70-14	193	1 2 F	37	YRS. MO	NTHS DAYS	HOURS MIN.		th, Day, Year) -26-5		ountry
CTOR	Deaton Soe	ition, give str	ty Hosp	ital 4 Ho) - 11.	n or location of t	DEATH		Ba Hin	
u I	RESIDENCE OF DECED	DENT b. COUNTY		121 1110		OWN OR LOC				G. (111 / 1	10d. INSIDE
- DIR	Ma				Ba	10					1 VES
FUNERAL	2000 M	lad	0013	1.1	1-B		2 2 1	7		10g. CITIZEN	S, A
BY FUI	11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Divorced		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 N	40 MED	If yea,	ecendent of Hispa specify Cuban, Maxie ES 2 NO Spec	an, Puarto			RACE — American Black, White, atc. Specify:
ETED	15. DECEDE (Specify only hig	ENT'S EDUC		△(Gi	CEDENT'S USI live kind of work . Do NOT use re	done during		180	b. KIND OF BUS	INESS/INDUSTI	RY
COMPLE	Elementary/Secondary (0-12)		College (1-4 or 5 +	, K.	eside	ntial	Counse	lor	Sta	te o	of m
	17. FATHER'S NAME (First, Middle	n, Leat)	stra				18. MOTHER'S N		Middle, Malden S	Sumame)	
TO BE	19. INFORMANT'S NAME (Type)	11	5101			DRESS (Street	et and Number of Aura		noer, City or Town	n, State, Zip Code	0 11
F	LINDA 2004METHOD OF DISPOSITION		tasan		7000	m	adison	. Au	e apr	2-12	Balto, 1
	1 Burial 2 Cremation 4 Donation 5 Other (Sp.	3 🗆 Remo	rval from State		and date of cometory of the	place)	14/4	7/15	20c. 40c	anda	Srun,
i	21. SIGNATURE OF FUNERAL SE	ERVICE LICI	ENSEE	`)	22. NAME	AND ADDRESS OF	ACILITY	west		1001
	2)(de V	- Andrews	1	1111	Direct C	. ()			
	Hlyn	مند	15.7	Da		4:	300 Wa	u ba	sh Az		
		esea, or co	complications that List only one ceu	t caused the de	eath. Do not	4:	300 Wa	u ba	sh Az		Appro interv Onset
	23. PART I. Enter the disease or condition resulting in death)	esea, or ci t fellure. L	Liet only one ceu	Pennus	node f	enter the n	node of dying, su	ch ea car	diac or reapir	ratory arreat,	
Z	immediate cause (Final disease or condition	eses, or co	Liet only one ceu	OR AS A CONSEC	node for our of the contract o	enter the n	300 Wa	ch ea car	diac or reapir	ratory arreat,	Interv Onset
ATION	immediate CAUSE (Final disease or condition resulting in death) Sequentielly list conditions if any, leading to immediate	a s, f	Authorized To Au	OR AS A CONSEC	node for time	enter the n	node of dying, su	ch ea car	diac or reapir	ratory arreat,	Interv Onset
IFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions	a s, f	a. Action To Due to Due to	MMMUM OOR AS A CONSEC M Fee	ouence of:	enter the n	node of dying, su	ch ea car	diac or reapir	ratory arreat,	Interv Onset
RTIFI	sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)	a s, f	a. Action To Due to Due to	OR AS A CONSECUTION AS	ouence of:	enter the n	node of dying, su	ch ea car	diac or reapir	ratory arreat,	Interv Onset
CERTIFI	shock, or neer iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa resulting in deeth) LAST	a s, te	DUE TO	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	OUENCE OF): OUENCE OF): OUENCE OF):	enter the n	300 Wande of dying, su	chea car	diac or reapir	AUTOPSY	Interv Onset
EDICAL CERTIFI	senock, or neer immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in death) Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	a s, te	DUE TO	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	OUENCE OF): OUENCE OF): OUENCE OF):	enter the n	300 Wande of dying, su	chea car	diac or reapire. (Ad	AUTOPSY MED?	24b. WERE AUTOP AVAILABLE TO OF DEATH?
MEDICAL CERTIFI	shock, or neer iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa resulting in deeth) LAST	a s, te	DUE TO	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	OUENCE OF): OUENCE OF): OUENCE OF):	enter the n	300 Wande of dying, su	chea car	diac or reapire. (Additional discountry of the d	AUTOPSY MED?	24b. WERE AUTOP AVAILABLE P COMPLETION
MEDICAL CERTIFI	immediate cause (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent of the cause of th	a conditions	DUE TO Contributing to ACCOUNTAL:	(OR AS A CONSECTION OF AS A CONS	DUENCE OF): Touche of the control o	he underly	node of dying, surely Sync	ch ea car light	cliac or reapir	AUTOPSY MED?	24b. WERE AUTOP AVAILABLE TO OF DEATH?
MEDICAL CERTIFI	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant of the cause of th	a conditions	DUE TO DU	OR AS A CONSECTION OF AS A CONSE	DUENCE OF): DUENCE OF): DUENCE OF): Coaulting in t	enter the n Privile the underly 26. THER: Nursing H. F 28.	Ing couse given in	ch ea car light	cliac or reapir	AUTOPSY MED?	24b. WERE AUTOP AWAILABLE P COMPLETION OF DEATH?
EDICAL CERTIFI	Anock, or neer IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions if any, leading to immediet cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa resulting in deeth) LAST PART II. Other significent PART II. Other significent EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pen 1 Accident	a s. s. te c. c. d. d. conditione	DUE TO DU	deeth but not r MCLLLLAND GRAS A CONSECT GOR AS A CONSECT GOR AS A CONSECT DEPLOYED ER/Outpatient 3 EINJURY Pay, Year)	DUENCE OF): DUENCE OF): DUENCE OF): COURTE the underly the underly 26. THER: Nursing H. F 26c. M 1	Ing ceuse given in PLACE OF DEATH (Come 5 Residence WORK?	ch ea car light	diac or reapir C. (Additional contents of the	AUTOPSY MED?	24b. WERE AUTOP AWAILABLE P COMPLETION OF DEATH? 1 YES 2	
BY PHYSICIAN: MEDICAL CERTIFI	Anock, or neer IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant PART II. Other significant EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pen 2 Accident 3 Suicide 6 Cou	a a s. s. s. s. s. s. s. s. s. s. s. s. s.	DUE TO DU	OR AS A CONSECTION OF AS A CONSE	DUENCE OF): DUENCE OF): DUENCE OF): COURTE the underly the underly 26. THER: Nursing H. F 26c. M 1	Ing ceuse given in PLACE OF DEATH (Come 5 Residence WORK?	ch ea car light	diac or reapir C. (Additional contents of the	AUTOPSY MED?	24b. WERE AUTOP AWAILABLE P COMPLETION OF DEATH?	
ETED BY PHYSICIAN: MEDICAL CERTIFI	Anock, or neer IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent PART II. Other algnificent EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO M EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pen 2 Accident Inve 3 Suicide 6 Cou 4 Homicide data 29s. CERTIFIER (Check only	a conditions Cond	DUE TO DU	(OR AS A CONSECTION OF INJURY — At ho atc. (Specify)	DUENCE OF): DUENC	the underly 26. THER: Nursing H F 28c. th, factory, of	Ing ceuse given in PLACE OF DEATH (Come 5 Residence WORK?	ch ea car light n Part I. Check only o 6 Oth 28d. DE	24a. WAS AN A PERFORI 1 YES 2 or (Specify) SCRIBE HOW IN CATION (Street at or Yown, State)	AUTOPSY MED? AUTOPSY MED? JURY OCCURE	24b. WERE AUTOP AWAILABLE P COMPLETION OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL CERTIFI	immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant of the cause of th	a conditions it ding petigation and not be armined ING PHYSIC L EXAMINER	DUE TO DU	(OR AS A CONSECTION OF INJURY — At ho atc. (Specify)	DUENCE OF): DUENC	the underly 26. THER: Nursing H pt, factory, of	Ing ceuse given in PLACE OF DEATH (Come 5 Rasidence NJURY AT WORK?	ch ea car light n Part I. Check only o 28d. DE 28f. LO(Chy	24a. WAS AN A PERFORI 1 YES 2 or (Specify) SCRIBE HOW IN CATION (Street ar or Yown, State)	AUTOPSY MED? NJURY OCCURE and Number or Ru oner as stated.	24b. WERE AUTOP AWAILABLE P COMPLETION OF DEATH? 1 YES 2
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Anock, or neer IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent PART II. Other algnificent EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO M EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pen LITTLE 2 Accident 3 Suicide 6 Cou deta 29a. CERTIFIER (Check only) DERTIFY	a conditions it ding petigation and not be armined ING PHYSIC L EXAMINER	DUE TO DU	(OR AS A CONSECTION OF INJURY — At ho atc. (Specify)	DUENCE OF): DUENC	the underly 26. THER: Nursing H pt, factory, of	Ing ceuse given in PLACE OF DEATH (Come 5 Rasidence NJURY AT WORK? YES 2 NO Tica	ch es car ch es car	24a. WAS AN A PERFORI 1 YES 2 or (Specify) SCRIBE HOW IN CATION (Street ar or Yown, State)	AUTOPSY MED? NJURY OCCURE and Number or Re	24b. WERE AUTOP AWAILABLE P COMPLETION OF DEATH? 1 YES 2
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Anock, or neer IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions if any, leading to immediet cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in deeth) LAST PART II. Other algnificent PART II. Other algn	conditions it de conditions	DUE TO DU	deeth but not r COR AS A CONSECT (OR AS A CONS	DUENCE OF): DUENCE OF): DUENCE OF): Coaulting in to the second of the	the underly 28. THER: Nursing H 28. 1 28. 1 at fectory, of	Ing ceuse given in PLACE OF DEATH (Come 5 Rasidence NJURY AT WORK? YES 2 NO Note that and place, and due, death occurred at the course of the note of	ch ea car ch ea car check only o a check on	24a. WAS AN A PERFORI 1 YES 2 or (Specify) SCRIBE HOW IN CATION (Street ar or Yown, State)	AUTOPSY MED? (DINO) NURY OCCURE and Number or Ru there as stated. d due to the case 29d. DATE Sig	24b. WERE AUTOP AWAILABLE P COMPLETION OF DEATH? 1 YES 2

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Violet Haves 0750 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 3-15-08 mq. 86 1 M 2 MF se. FACILITY NAME (If not institution, give street end number)
St. Agnes Hospital 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Baltimore Cit Pages 1, 2, 3 DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ballimore Baltimore Maryka 1 YES 2 NO permit. FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1135 Baker 2120 U.S.A. use as the burial-transit Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 TYPES 2 TO NO IF YES, CIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married
3 Wildowed 4 Divorced BY COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Por Elementary/Secondary (0-12) College (1-4 or 5+) filled in by the funeral director, page 5 should be detached 6 Seamstress Shirt Mfg. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surnan 70 Nicholas VOLKERT Katherin ESBACH BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Thelma V. Dill 3214 Kingsley Street, Baltimore, MD 21229 pe 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must 1 Suriel 2 Cremation 3 Re Cometery, crematory or other place)

Loudon Park Cemetery 4 Donation 5 Other (Specify) Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICE! examiner 22. NAME AND ADDRESS OF FACILITY ours after death. HUBBARD FUNERAL HOME, INC. 4107 Wilkens Avenue, Balto, MD 21229 medicai 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heert fallure. List only one ceuse on each line. Interval Betw 6 IMMEDIATE CAUSE (Final Onset and Death the Massive Left Middle Cerebral Artery Stroke disease or condition_ and completely fi o burial, cremation 50948 reaulting in death) traumatic event, the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF) Cenebral Eda CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING the attending physician I Mental Hygiene prior to pration neumonia CAUSE (Disease or injury that initiated eventa other DUE TO (OR AS A CONSEQUENCE OF) reaulting in death) LAST 0 PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS n signed by the Health and I AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Fibrillation 1 YES 2 NO Senile ressive 1 YES 2 NO t. of h PHYSICIAN: has be MB 25. WAS CASE REFERRED TO MEDICAL ATTENDING PHYSICIAN: The 26. PLACE OF DEATN (Check only one) certificate I HOSPHAL: 1 YES 2 NO OTHER: atient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED marked, this c 1 Natural 5 Pending Investigation 1 YES 2 NO After 1 death ВУ 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 100 6 Could not be DIRECTOR: / COMPLETED 4 Homicide 28 item OR. 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated. HOSPITAL FUNERAL (= 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year BE 30. NAME AND ADDRESS son MD 516 maidenchice Glen E Johnson MD &

BALTIMORE, MARYLAND 21215-0020

89	
9	
\times	
ВОХ	
$\mathbf{\alpha}$	
o.	
0	
<u>α</u>	
Ś	
ö	
œ	
0	
C	
ш	
Œ	
1	
A	
=	
>	
4	
0	
Z	
O	
70	
~	

rs after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	removal.	idical examiner must be notified at once.
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICALE	OF DEATH	REG. NO).		
	t. DECEDENT'S NAME (First, Middle, Last) James Harold	Harrican	-				MY JOO YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER					July 12,		M	
	577-26-2474		E (In yrs. lest birthday) YRS.	MONTHS D	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 14,	1922	TTHPLACE (State or Foreign unity) Kentucky	
	Se. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TO	WN OR LOCATION OF D		9c. COUNTY OF		
DIRECTOR	1263 Beach Roa		Edgewater Anne Arunde						
입	10e. STATE 10b. COUNT	Y	10c. CI1	Y, TOWN OR L	OCATION			10d. INSIDE CITY	
		Arundel		Edgewate			er t ☐ YES 2 ¼ NO		
FUNERAL	1263 Beach Roa	d			21037		USA	F WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 7 YI IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2 NO	if ye	a, specify Cuban, Mexic		a or No 14. R/B	ACE American Indian, lack, White, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF		1 1 -	YES 2 NO Speci		Sp	white	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	PATION ag most of working	16b. KIND OF BU	SINESS/INDUSTRY	1	
APLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Cable	,	cer		C & P	Telphone	
Ö	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maider	,		
BE	Eulas Harrison				Beu.	lah Lee F	'razell		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tov			
	Carolyn Harris					Edgewater			
	20a. METHOD OF DISPOSITION 17 Deuriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		206. PLACE AND DATE Lakemon			7/16 Da	ocation - city or a Vidson	Town, State	
į	21. SIGNATURE OF FUNERAL SERVICE LA	ENSEE	4		desty Fu	neral Hon	ne, P.A		
	Kimulul	M >. /Ce	SWC	12	Ridgely A	Avenue. A	nnapol	is,MD 21401	
	23. PART i. Enter the diseasea, or ahock, or heart fellure.	complications that cau List only ona cause or	sed the deeth. Do in aech line.	not enter the	mode of dying, su	ch es cardiec or resp	iratory arrest,	Approximate interval Between	
-	IMMEDIATE CAUSE (Finel disease or condition	. veutr	The second	6.1	11 11			Onset and Death	
	reaulting in death)	a. Veutr	S A CONSEQUENCE O	417	r. Mati	oh		minutes	
_	_								
CERTIFICATION	Sequentielly list conditions,	DUE TO (OR A	S A CONSEOURICE	Fi:	1				
CAT	if any, leading to immediate cause. Enter UNDERLYING		vary i						
Ĕ	CAUSE (Disease or injury that initiated evente	DUE TO (OR A	S A CONSEQUENCE O	F):					
	resulting in deeth) LAST	d							
	PART II. Other eignificent condition	a contributing to deet	but not resulting	in the unde	riving ceuee given in	Pert i. 24e, WAS AF	ALITOPSY	24b. WERE AUTOPSY FINDINGS	
EDICAL	Diabeter				,,,	PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE	
	Hyperter	sian				1 _ YES :	Z [] NO	OF DEATH?	
ž	0								
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C	heck only one)			
YSI	1 TYES 2 NO	1 Inpetient 2 ER/C		4 - Nursing	Home 5 - Residence	8 Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJU! (Month, Day, Yes		JURY	WORK?	28d. DESCRIBE HOW	INJURY OCCURED		
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJU	JRY — At home, ferm,			281, LOCATION (Street	and Number or Rur	ral Boute Number	
COMPLETED	3 Suicide 6 Could not be 4 Homicide datarmined	building, etc. (5	Specify)			City or Town, State			
2	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the beat of my kr	owledge, death occur	red at the time.	data and place, and du	a to the cause(a) and ma	nner as stated.		
ŏ Ö	one) 2 MEDICAL EXAMINE	R: On the beels of exemine	tion end/or investigation	on, in my opini	on, death occured at the	e time, data end piece, e	nd due to the caus	e(s) and memor as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	R 0 0			29c. LICENSE NU	IMBER	29d. DATE SIGN	IED (Month), Day, Year)	
면 일	auck Hol	selul			DZO	731	> 7-	14-94	
-	30. NAME AND ADDRESS OF PERSON WH	SCHUH	DEATH (ITEM 27) (Type		daely	Aug. A	Mugae	1.5 21401	
	31. DATE FILED (Month Day, Year)	32 REGISTRAR'S S			4/				
i	DOL 4 0 1007		1						

EC.

		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL	HYGIENE REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last) Grace Ire:	ne C. Ha	rt			2. DATE O MONTH July	DAY		AR 3.	TIME OF DEATH
_		4. SOCIAL SECURITY NUMBER 224-34-1675	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month, Feb		8. E	Country)	CE (State or Foreign
3 should	œ	9e. FACILITY NAME (If not institution, give s				OR LOCATION OF DI	EATH		9c. COUNTY	OF DEATI	Н
6,	DIRECTOR	21 Stabiliz				ddle Ri	ver		Ba:		nore
permit. Pages 1,	DIRE		ltimore	10c. CI	TY, TOWN OR LOC	Middle	Rive	r			d. INSIDE CITY LIMITS? YES 2 NO
	RAL	10e. STREET AND NUMBER	D!		1	Of. ZIP CODE	11220		10g. CITIZEN		T COUNTRY?
5-0020 ending physician. as the burial-transit	FUNERAL	21 Stabiliz	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	If yee, s	ECENDENT OF HISPAI specify Cuben, Mexico	en, Puerto Ri	(Specify Yes		RACE — Black, Wi	American Indien, hite, etc.
	ED BY	3 Widowed 4 Divorced 16. DECEDENT'S EDU	CATION		S USUAL OCCUPAT	ES 2 NO Specification		KIND OF BUSI	NESS/INDUST	Specify:	White
		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT (_	nost of working					
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	3yrs	R,	N.	18. MOTHER'S NA		iddle, Meiden S	,	Ins	
MARYL retained by 5 should be notified at	BE	Robert Rylan 190. INFORMANT'S NAME (Type/Print)	d Coleman	19b. MAILIN	G ADDRESS (' C &	MAI abilizer		Cole	State, Zip Coo	Maı	гу
5 5 5	5	Dailwaru L. Ti	Hart Ale			zer Driv				,	21220
ORE, I e 6 may be ector, page must be r		20e. METHOD OF DISPOSITION Buriel 2 Cremellon 3 Rem 4 Donation 5 Other (Specify)	oval from State cen	D. PLACE AND DATE	other place)	Name of emetery 7	7 / 1 3 /	Ral	ATION - City		
BALTIMORE, after death. Page 6 may be y the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME	AND ADDRESS OF FA	CILITY	Home			
BAI rs after dea n by the fur removal.		23. PART i. Enter the diseases, or	Monn	lly	300) Mace A	We.	Ra1+i	more	MD	21221
filled in		shock, or heart failure iMMEDIATE CAUSE (Final disease or condition	One cause on a	ach line.	_	Disuse		ac or respin	etory arreat,		Approximate interval Between Onset and Daeth
ted within completely fille ial, cremation, event, the		resulting in daath)	DUE TO (OR AS A	CONSEQUENCE		sause	2			7	gu
68 and cand on buria	NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):			··· .			grs
E P P S	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	cDUE TO (OR AS A	A CONSEQUENCE (OF):						
G Hand	ERT	resulting in death) LAST	d								
SDS transporters of the d	AL.	PART II. Other significant condition	s contributing to death b	out not resulting	in the undarlyi	ing cause given in	Part i.	24a. WAS AN A PERFORM			RE AUTOPSY FINDINGS MILABLE PRIOR TO
w requires that been signed by pt. of Health an shows any	MEDIC							1 YES 2	□ NO	OF	MPLETION OF CAUSE DEATH? YES 2 \(\text{NO} \)
> 0	AN: M	DID TOBACCO USE	CONTRIBUTE TO	CAUSE O	F DEATH	YES NO			= 1		
一年 雪島 田	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) OTHER: 1 Inpetient 2 ER/Oulpetient 3 DOA 4 Nursing Home 5 Reddence 8 Other (Specify)								
PHYSIC THE COL	у РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF 28c, II	NJURY AT YORK? YES 2 NO	T	8d. DEŞCRIBE HOW INJURY OCCURED			
SIC TURE A Mer d Mer d 18 Is	TED B	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	28e. PLACE OF INJURY — At home, farm, street, fector building, atc. (Specify)				TION (Street er r Town, Stete)	eet end Number or Rural Route Number, lete)		Number,
II Item	COMPLET		CIAN: To the best of my know							use(e) en	d menner se stated.
TO THE COSP TO THE COSP TO THE COSP THE	BE C(291- BIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI		>	29d. DATE SIG		
De de la la la la la la la la la la la la la	10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Tvo	e, Print)	12/86	48		• 7	///	174
		L0415 0. D	CM N357	,10/2	1 60	1. RT. B)-	Bonn	on co	2-1	224
		31. DATE FILED (Month), Day, Your) 1994	32. REGISTRAR'S SIGN								
ı		0	100	mace							DHMH-16 Rev 1/8

ŀ

Ī

.

. .

68760
BOX
P.0
RECORDS,
VITAL
F
DIVISION

TOTAL PASSIVAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hospital or attending physician.

TO HE FLIN THAL DIRECTION After this certificate has been signed by the attending physician and completely filled in the fluoring effective, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should make the complete of the state Dept. of Health and Mental Hygiene prior to burial, cremation, express the complete of the control of the TO BE COMPLETED BY ELINERAL DIRECTOR MPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - STATE REGISTRAR	STATE OF M				EAUTH AND I	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH	
	Helen		HAN	DY			July 13,	1994 YEAR	8:00 A M	
Ġ	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. les		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign	
		1 □ M 2√X	80	YRS.			July 22,	1913 Ma	ryland	
	9e. FACILITY NAME (If not institution, give s			96		OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH	
	Franklin Squa		Ros	ssville		BAltimore				
	19a. STATE 19b. COUNT	1		10c. CITY, TO	WN OR LOCA	TION		10d. INSIDE CITY		
		ltimore				Middle	River	1 YES 2 X NO		
	10e. STREET AND NUMBER				10	. ZIP CDOE		10g. CITIZEN OF	F WHAT COUNTRY?	
	7330 Chespe					212		USA		
	11. MARITAL STATUS 1 Never Married 2 Merried 1 Yes, Give War Or DATES 11. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					ecify Cuban, Maxica	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	Blac	E — American Indian, ck, White, etc.	
	3 Widowed 4 Divorced		1 YES	2 NO Specif	y:	Spe	White			
	15. DECEDENT'S EDU (Specify only highest grade	CEDENT'S USU	AL OCCUPATIO	ON set of working	16b. KIND OF BU	SINESS/INDUSTRY				
	Elementary/Secondary (0-12)	Do NOT use rei	ired.)	or working						
	12th		H	omema	ker					
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Malden	Surname)				
	Richard Nau 190. INFORMANT'S NAME (Type/Print)	MAILING AD	DESC (Complete	and Mumbin as Direct	Route Number, City or Tow	- 0-1				
	C.Barton Hand	v Tr.					d Baltim		21234	
	29a. METHOD OF DISPOSITION		29b. PLACE	AND DATE OF D	SPOSITION (No	ame of	DATE 20c, LC	CATION City or 1	own. State	
	DOMESTIC Description 1	ovat from Stata	cemetery, cre	den P	ark C	emetery	7/15/94	Baltimo	ore Md.	
ĺ	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSES	Λ.Λ			ND ADDRESS OF FA				
1	* R. Tobbu	10	110,			_	neral HO		Essex	
٦	23. PART I. Enter the diseases, or	omplications that	caused the de	sth. Do not	enter the mo	ode of dying, suc	AVC Ball	timore Iraiory arrest,	MD 21221 Approximate	
J	shock, or heart failure, IMMEDIATE CAUSE (Final	List only one caus	e on each Whe		. (7 1	1		Interval Between Onset and Death	
	disease or condition resulting in death)		My	h C 44	0. : 1	and a	1/100		g	
	rounding in again,	DUE TO (OR AS A CONSE	DUENCE OF):		()			of mace	
	Sequentially list conditions,	b	A	SH	2				3yrs	
	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (C	OR AS A CONSEC	DUENCE OFY:						
	CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS A CONSEC	DUENCE OF):						
	resulting in death) LAST	d							ļ	
	PART II. Other aignificant condition	a contribution to	leath hut not a						1	
	PART II. Other angrundant condition	a contributing to d	seath but not r	eauting in th	ne undarlyin	g ceuse given in	Part I. 24a. WAS AN PERFOI		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	179/14	nen					1 YES :	≥ □ NO	OF DEATH?	
	DID TOBACCO USE	CONTRIBILITE	TO CALL	SE OF D	EATH V	ES I NO			1 TES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	TO CAU	JL OI D		ACE OF DEATH (Ch	ديرا			
	EXAMINER?	HOSPITAL:	ER/Outpatient 3		HER:		6 ☐ Other (Specify)			
1	27. MANNER OF DEATH	26a. DATE OF II (Month, Day		28b. TIME OF	28c. IN.		26d. DESCRIBE HOW	INJURY OCCURED		
i	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 104.7	III III III III III III III III III II		YES 2 NO				
	3 Suicida 6 Could not be	28e, PLACE OF building, e	INJURY — At ho tc. (Specify)	me, farm, atree	t, lactory, offic	•	28t. LOCATION (Street City or Town, State		Route Number,	
							to the cause(a) and ma			
	2 MEDICAL EXAMINE	R: On the basis of axe	mination and/or	investigation, in	my opinion, o	leath occured at the	time, data and place, ar	nd due to the cause	(a) and manner as stated.	
	296. SIGNATURE AND LITTLE OF CERTIFIED			Th		29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)	
	20 NAME AND ADDRESS OF THE PARTY.	MARIE	111	171)	9100	52	7/	3/94-	
	30. NAME AND ADDRESS OF PERSON WH	OMPLETED CAUSE	OF DEATH (ITE)	(Type, Prin	1			(
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE	CKI)	1	120				
	JUL 1 5 1991									
الـــ	7 1794	with Davidson	- Stand as						DHMH-16 Rev 1/89	

REG. NO.

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

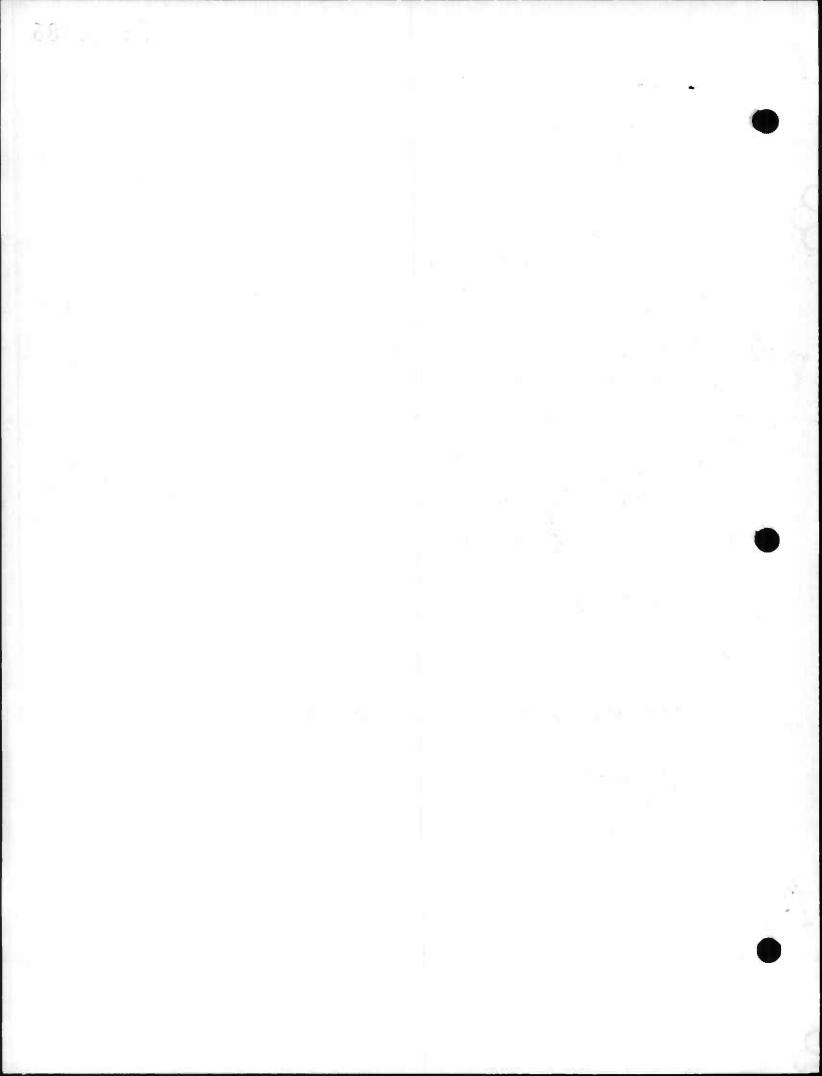
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN MONTH Donald JONES 528 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6/12/1901 DAYS HOURS 215-05-1 💢 M 2 🗌 F 0864 93 Elizabeth, NJ page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Singi Huspits Baltimore Bultimore DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4017 Liberty Heights Avenue 21207 USA ours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—it yes, specify Cuben, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried ВУ 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done ife. Do NOT use retired.) ast of working Elementary/Secondary (0-12) College (1-4 or 5+) N/A Unknown Unknown notified at once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Henry Jones N/A BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 Dorothy A. Hill 366 Berryman Place Orange, NJ 07050 pe 20s. METNOD OF DISPOSITION
1 Surial 2 Acremetton 3 Removat from State
4 Donetlon 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must filled in by the funeral director, Metro Crematory Baltimore, Maryland examiner FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leroy O. Dyett & Son Funeral Home 4600 Liberty Heights Avenue 21207 medical 23. PART I. Enter the diseases, or complications, or heart failure. List on complications that coused to List only one cause on each Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition_ Cancer Melastatic Colon rsician and completely prior to burial, cremati resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) nutrition CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) signed by the attending physician Health and Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE any 1 TYES 2 NO **DF DEATH?** shows 1 YES 2 NO been of h PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) this certificate his with the State D EXAMINER? HOSPITAL:
1 Vinpatient 2 - ER/Outpatient 3 - DOA 1 YES 2 NO OTHER 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO L DIRECTOR: After the hours after death v ВУ 2 Accident 28a. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .69 8 Could not be COMPLETED item 28 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as attend. TO THE HOSPITAL OF TO THE FUNERAL D DE filed within 72 ho (Check only one) 2
MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 9823 194 110 6 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ichw Goldfine M.D. Huspita Singi 32. REGISTRAR'S SIGNATURE he Savid

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Ray 1/89



21215-0020	in the self-cooper so le
SALTIMORE, MARYLAND 21215-0020	a retained by the boaries
BALTIMORE,	mine office of property of the reference for the contract of the state of the contract of the
	- Parity
BOX 68760	ificate he executed with
.O. BOX	cartificate he

DIVISION OF VITAL RECORDS, P.

VSICIAN: The law requires that the death certificate be executed with surs after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dical examiner must be notified at once.	
PHYSICIAN: The law requires that the death certificate be executed within	E B	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
HOSPITAL OR ATTENDING	FUNERAL DIRECTOR. After thi within 72 hours after death w	RTANT: If Item 28 is marked,	

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	ND MENTAL HYGIE		
1	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH		3. TIME OF DEATH
	FRANKLIN JOHNSON	7	-) 4 M
7.5	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HOURS MONTHS DAYS HOURS M	(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	248-32-6049 XXM 2 F 66 YRS. MORTHS DAYS HOURS M	10-22-2	_	G. CAROLINA
R	98. FACILITY NAME (If not institution, give street and number) 99. CHURCH HOSPITAL BALTIMORE (9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	7111		
#	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	MD. 2156 HOLLINS ST 104. STREET AND NUMBER 101, ZIP CODE	TREET	- Discourse	YES 2 NO
FUNERAL				OF WHAT COUNTRY?
S	2156 HOLLINS STREET 21273	SPANIC ORIGIN? (Specify Y	en or No.— 14.	1 4 13 4
BY F	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, M	lexican, Puerto Rican, etc.) Specify:		RACE — American Indian, Black, White, etc. Specify:
				BLACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retind.)	16b. KIND OF B	USINESS/INDUST	TRY
2	College (1-4 or 5+)			
O		'S NAME (First, Middle, Maide	n Surname)	
BEO		SAMPSON		
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or F		wn, State, Zip Coo	de)
-	ELOISE WALKER 2156 HOLLINS STR	REET BALTO	. MD.	21223
	20e_METHOD OF DISPOSITION ALX Burlai 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)	DATE 20c. L	OCATION — City	or Town, State
	4 Donation 5 Other (Specify) 21, SIONATURE OF FUNERAL SERVICE LICENSE: 22, NAME AND ADDRESS O	DE FACILITY		
			4740	
-	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying,			W.NORTH AVE
	enock, or heart failure. List only one cause on each line.	such ss cardiac or res	piratory arrest,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Lay Contact, Then - Small blue in the contact of the conta			Onset and Death
- 1	a			
Z	Sequentisity list conditions,			
A E	if any, leading to immediate cause. Enter UNDERLYING			
FIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):			
CERTIFICATION	resulting in desth) LAST			
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause give	n In Book I accuman	I	
CAL	Chronic Obstricto fremmy Des-	PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
PHYSICIAN: MEDIC	- Commy action	1 TYES	2 N NO	OF DEATH?
2				1 TES 2 NO
Š.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LICENSTAN	H (Check only one)		
, Sic	HOSPITAL: 1 YES 2 NO	nce 6 Other (Specify)		
표	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
à	2 Accident Investigation " 1 YES 2 NO			
	3 Sulcide 6 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	261. LOCATION (Street City or Town, State		Rural Route Number,
91	29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of my knowledge death occurred at the time			
COMPLETED	CERTIFIEN CHARGE ON 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred a			use(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE			GNED (Month, Day, Year)
H	Chi-sling Cha MD D-10		▶ 7-	-14-14
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		/	
	Chi-Shiang Chen. M.D. 100 N. Broadway Baltin	nore Md.	21231	
	JUL 1 5 1994 Julie Deviden Roman		_	DHIM. 16 Pay 1/80

16.1.

0	
N	
9	
4	
L.	
2	
-	
N	
Z	
4	
1	
>	,
8	4
4	
Σ	
ш	
E	
0	-
Σ	
	-
5	
4	
BALTIMORE, MARYLAND 21215-0020	
	4
	•
	ı
0,	1
60,	
3760,	
68760,	
(68760,	
X 68760,	The state of the state of
30X 68760,	And the second second second
BOX 68760,	Section for the section of the section of
D. BOX 68760,	Additional for the same of the same
.O. BOX 68760,	and the same has been dead to the
P.O. BOX 68760,	the contract to the same of the same
S, P.O. BOX 68760,	Acceptance of the same of the
DS, P.O. BOX 68760,	Acres to the second to the second to the
RDS, P.O. BOX 68760,	to the state or williams to a record of the
DRDS, P.O. BOX 68760,	the same of the same of the same of the same of the same
CORDS, P.O. BOX 68760,	the same of the same of the same to the same of the same
ECORDS, P.O. BOX 68760,	the state of the s
RECORDS, P.O. BOX 68760,	the state of the s
. RECORDS, P.O. BOX 68760,	
AL RECORDS, P.O. BOX 68760,	40.00
TAL RECORDS, P.O. BOX 68760,	
ITAL RECORDS, P.O. BOX 68760,	100
VITAL RECORDS, P.O. BOX 68760,	1
F VITAL RECORDS, P.O. BOX 68760,	1
OF VITAL RECORDS, P.O. BOX 68760,	The second secon
JOF VITAL RECORDS, P.O. BOX 68760,	The state of the s
ON OF VITAL RECORDS, P.O. BOX 68760,	100 miles 100 mi
ION OF VITAL RECORDS, P.O. BOX 68760,	
SION OF VITAL RECORDS, P.O. BOX 68760,	The second secon
IISION OF VITAL RECORDS, P.O. BOX 68760,	The second secon
IVISION OF VITAL RECORDS, P.O. BOX 68760,	The second designation of the second designa
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the first the state of the stat

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Durs after death. Page 6 may be retained by the hospital or attending physician.

TO HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IN PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

- STATE REGISTRAR	STATE OF MARY	CERTIFI	CATE OF DE	ATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, La	nel)				ATE OF DEATH	Y YEAR	3. TIME OF DEATH
Alexander Je				0	7-12-94		9:00 P
	400405		IF UNDER 1 YEAR IF UN		ATE OF BIRTH forth, Day, Year)	Cou	THPLACE (State or Foreign intry)
251-24-2179 Sa. FACILITY NAME (If not institution, gi	X - 0	9	9b. CITY, TOWN OR LOC		1-02-25	MAY	SVILLE, S.C.
749 CARROLL ST			BALTIMO			SC. COUNTY OF	DEATH
10a. STATE 10b. COU	INTY	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY
MARYLAND		BA	LTIMORE				LIMITS?
100. STREET AND NUMBER	181 1 13		10f. ZIP C	ODE		10g. CITIZEN O	F WHAT COUNTRY?
749 CARROLL ST		101	212	230		USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPES GIVE WAR ON 1 1943 1941	2 NO	13. WAS DECENDEN If yes, specify Co	uban, Maxican, Pue		CE — American Indian, ack, White, atc. acity: C. AMERICAN	
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5 +)		ISUAL OCCUPATION ork done during most of wo retired.)	orking	16b. KIND OF BUS		, in the state of
17. FATHER'S NAME (First, Middle, Last)			10. M	OTHER'S NAME (FI	rst, Middle, Meiden S	Sumame)	
ADAMS JEFF	ERSON		I I	REBECCA	JEFFERS	ON	Maria III
19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Num				
ELLA JEFFERSON			CARROLL ST				
1 NBurial 2 Cremation 3 🗆 R	to a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of complex, cramption, or other place). 20c. LOCATION -						
4 Donation 5 Other (Specify) _ 21, SIGNATURG OF FUNERIAL SERVICE	LICENSEE 5)	GARRISON	22. NAME AND ADD			NGS MIL	L, MD.
· 40. 11	OTHEDC	TA CETTATET	TIOME D	A			
Carl at Aba A M D	IVI I I I I A				FUNERAL		
IMMEDIATE CAUSE (Final	re. List only one cause on	each fine.	1300 EUT	TAW PLAC	E, BALTI	MORE, M	D. 21217 Approximata Interval Between Onset and Des
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Metastati DUE TO (OR AS	the death. Do no neith line. i c Renal (A CONSEQUENCE OF)	1300 EUT of anter the mode of Cancer	TAW PLAC	E, BALTI	MORE, M	D. 21217 Approximata Interval Betwee
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	Metastati DUE TO (OR AS DUE TO (OR AS	ic Renal (1300 EUT	TAW PLAC	E, BALTI	MORE, M	D. 21217 Approximate Interval Between Onset and Des
shock, or hear failu iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Metastati DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF)	1300 EUT	FAW PLAC	E, BALTI	MORE, Matory arrest,	D. 21217 Approximate interval Between Onset and Dea 7 more
shock, or hear failure immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST	Metastati DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF)	1300 EUT	FAW PLAC	E, BALTI cerdiac or reapir	MORE, Matory arrest,	D. 21217 Approximate interval Between Onset and Day 7 more and Day 7 more and Day 8 more and Day 8 more and Day 8 more and Day 9 more and Da
Shock, or hear failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condit	Metastat DUE TO (OR AS C. DUE TO (OR AS DUE TO (OR AS d. Clona contributing to death	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	1300 EUT of anter the mode of Cancer : : : the underlying cause	FAW PLAC	E, BALTI cerdiac or reapir	MORE, Matory arrest,	D. 21217 Approximate interval Between Onset and Dea 7 more 4b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or hear failure immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST PART II. Other significant conditions.	Metastati DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	1300 EUT of anter the mode of Cancer ::	F DEATH (Check on	E, BALTI cerdiac or reapir	MORE, Matory arrest,	Approximate interval Between Onset and Dea 7 mon 1
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are caused to the conditions of the cause of	Me tastat Me tastat DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	1300 EUT of anter the mode of Cancer :: :: :: :: :: :: :: :: :: :: :: :: ::	F DEATH (Check on Realdence 6 28d.	E, BALTI cerdiac or reapir	MORE, Matory arrest,	D. 21217 Approximate interval Between Onset and Dea 7 mon 1
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are caused to the conditions of the cause of	Metastat Metastat DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in tipetient 3 DOA 28b. Time INJU	1300 EUT of anter the mode of Cancer : : : : : : : : : : : : : : : : : : :	F DEATH (Check on Residence 6 0 2 No 28f.	E, BALTI cardiac or reapir 24a. WAS AN / PERFORM 1 YES 2	AUTOPSY 2 MED? AUTOPSY 2 MED? AUTOPSY 2 MED?	Approximata Interval Betwee Onset and Des 7 more 1
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST PART II. Other algnificant conditions, if any, leading in death) LAST PART II. Other algnificant conditions, if any, leading in death algnificant conditions, if any leading in the conditions in the cause in the ca	Me tastat DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in typeriont 3 DOA 28b. Time inju	1300 EUT of anter the mode of Cancer : : : : : : : : : : : : : : : : : : :	F DEATH (Check on Residence 6 0 2 NO 28f.	E. BALTI Cardiac or reapir 1. 24e. WAS AN A PERFORE 1 YES 2 1 YES 2 1 YES 2 1 OCATION (Street ar City or Nown, State) 1 Cause(a) and many date and place, and	AUTOPSY AUTOPSY MED? (X) NO SUBJURY OCCURED and Number or Rura at stated, if due to the cause	Approximate Interval Betwee Onset and Day 7 more Amailable Prior to Completion of Cause of Death? 1 Yes 2 No
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflitated events resulting in death) LAST PART II. Other algnificant conditions are caused in the conditions of the cause of the	Me tastat DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in tiperient 3 DOA 28b. Time INJU IV — At home, farm, st ecify) wiedge, death occurred on and/or investigation	1300 EUT of anter the mode of Cancer : : : : : : : : : : : : : : : : : : :	F DEATH (Check on Realdence 6 0 28d.	E. BALTI Cardiac or reapir 1. 24e. WAS AN A PERFORE 1 YES 2 1 YES 2 1 YES 2 1 OCATION (Street ar City or Nown, State) 1 Cause(a) and many date and place, and	AUTOPSY AUTOPSY MED? (X) NO SUBJURY OCCURED and Number or Rura at stated, if due to the cause	Approximate interval Betwee Onset and Dec 7 more and Dec 7 more with the second
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST PART II. Other algnificant conditions, if any, leading in death) LAST PART II. Other algnificant conditions, if any, leading in death algnificant conditions, if any leading in the conditions in the cause in the ca	Me tastat DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in tiperient 3 DOA 28b. Time INJU IV — At home, farm, st ecify) wiedge, death occurred on and/or investigation	1300 EUT of anter the mode of Cancer : : : : : : : : : : : : : : : : : : :	F DEATH (Check on Residence 6 0 2 NO 28f.	E, BALTI Cardiac or reapir 24e. WAS AN A PERFORM 1 YES 2 Describe HOW IN LOCATION (Street ar City or Rown, State) cause(a) and many data and place, and	AUTOPSY AUTOPSY MED? (X) NO SUBJURY OCCURED and Number or Rura at stated, if due to the cause	Approximate Interval Betwee Onset and Day 7 more Amailable Prior to Completion of Cause of Death? 1 Yes 2 No

been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the Health and Mental Hygiene prior to burial, cremation, or removal. requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

VITAL RECORDS, P.O. BOX 68760

TO THE FUSPITAL OR ATTENDING #MS TO THE FUNERAL DIRECTOR: After to the be filed within 72 hours after death with IMPORTANT: If item 28 is marred, DIVISION

R				STATE	ΩE	MARVI	AND	/ DEPA
	FLK	1 . 11.	(T [" (.)	0-715	1/1	11/34	L a to	

	1 - STATE REGISTRAR	STATE UF I		RTIF			DEAT			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						DEA			OF DEATH			3. TIME OF DEATH
	JAMES JACKSON								MONT.	1.4		YEAR Q4	1:50 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)		R 1 YEAR	IF UNDER		7. DATE	OF BIRTH			LACE (State or Foreign
	213-76-1074	1 M 2 🗆 F	28	YRS.	MONTHS	DAYS	HOURS	MIN.	04-	25-66 24-66	-	.,	YLAND
H	9e. FACILITY NAME (If not institution, give s	street and number)			9b. CIT	Y, TOWN C	R LOCATI	ON OF D				NTY OF DE	
8	THE JOHNS HOPKING	S HOSPITA	1		BALTIMORE CITY NON						NE		
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			40 04									
E	MARYLAND	NONE		10c. CIT		OR LOCAT	IMO	DF (c T m v				IOd. INSIDE CITY LIMITS? YES 2 NO
	10s, STREET AND NUMBER			L			ZIP COD		C111				
RA	3215 BRENDAN	AVENUE				101	. ZIP COU	5	212	13	11-2		States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT C	F HISPAI		17 (Specify Yea			- American Indian,
	№ Never Married 2 Married	FORCES? 1	YES 2 N	0		If yee, spe	ecify Cuba 2, NO	n, Mexica	n, Puerto	Rican, etc.)		Black,	White, etc.
B	3 Widowed 4 Divorced				1		X	фосп	,		AF	RICAT	N AMERICAI
ED	15. DECEDENT'S EDU (Specify only highest grade	ICATION e completed)	16a. DE(CEDENT'S	USUAL C	CCUPATIO	ON st of workin	10	16b	. KIND OF BUS	INESS/IND	USTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe.	Do NOT us	e retired.)								
COMPL	12TH	NONE	0	NEM.	PLO:	YED					NE		
8	17. FATHER'S NAME (First, Middle, Last) JAMES EDWARD MO	OODE					18, MOTI			Middle, Malden			
H	19a. INFORMANT'S NAME (Type/Print)	JORE	1						AVOY		PES		
입	LAVOYA COPES									ber, City or Town		,	2.2.2
	20a, METHOD OF DISPOSITION		1					VEN	_	ALTO,			
	1 Buriel 2 Cremetion 3 Rem	noval from State	20b. PLACE A	netory or o	ther place	51110N/N6 	me or	7	DAT	94	ALION —	City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LIFE	CENSEE	TATING	ME	22.	NAME AN	ID ADDRE	SS OF FA	CILITY				E, MD.
	101 CD		0							GGS F			
	Calven B	Scrug	900	0]	L412	E.	PRI	ESTO	N ST.	BAI	TO.N	4D. 21213
	23. PART I. Enter the diseases, or shock, or heart failure.	List only one car	it≤caused tha da: use on aach lina.	ath. Do i	no1 anta	the mo	da of dy	ing, suc	h aa cen	diec or reapl	ratory arr	reat,	Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition	TI	1+1 7	T	1		2"						Onset and Daath
	resulting in death)	a. Noton	OR AS A CONSEC	JUG 7	Me	aflos	aner	- /4	Myson.	هـ			(week
_	_	11 7	- NE	DENCE O	r).								1
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	b. DUE TO	(OR AS A CONSEC	UENCE O	F):								1 your
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	C.											
빌	that initiated events	DUE TO	(OR AS A CONSEC	UENCE O	F):								
=	resulting in death) LAST	d											
	PART II. Other algnificant condition	na contributing to	death but not re	sulting	In tha u	ndarivino	cause (givan in	Part I.	24s. WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
CAL		_				, ,				PERFOR		1	WAILABLE PRIOR TO COMPLETION OF CAUSE
									-	1 YES 2	NO.	(OF DEATH?
Σ	DID TOBACCO USE	CONTRIBILIT	E TO CALL	SE O	DEA	TLI \	VEC L	I NO				1	□ YES 2 D NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUT	L IO CAO	JL OI	DLA		ACE OF D			ne)			
S	EXAMINER? 1 ☐ YES 2 12 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		e 5 □ fte	nsidence	8 🗆 Othe	er (Specify)			
<u> </u>	27. MANNER OF DEATH	28s. DATE OF (Month, E	INJURY	28b. TIM	E OF	28c. INJ	URY AT			SCRIBE HOW I	NJURY OC	CURED	
	1 Natural 5 Pending	(Moran, L	Ady, 1981)	- IN	M		PRK? YES 2 [NO					
	1 2 Apolded Investigation			To form	street, tec	tory, office	•		28f. LOC	ATION (Street a	nd Number	or Rural Ro	ute Number,
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE (OF INJURY — At hos	110, 101111,						Or NOWIT, State)			
ED	a David	28e. PLACE (building.	OF INJURY — At hor etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,					· ·				
ED	3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Specify)		ed at the	time, data	and place	, and due		use(e) and man	ner as stat	led.	
ED	3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Specify) I my knowledge, de	eth occurr					to the car				and manner as stated.
COMPLETED	3 Sulcide 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only	BICIAN: To the beat of a	etc. (Specify) I my knowledge, de	eth occurr			eath occur		to the ca		d due to th	ne cause(a)	and manner as stated. Wonth, Day, Year)
BE COMPLETED	3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	BICIAN: To the beat of a	etc. (Specify) I my knowledge, de	eth occurr			eath occur	ENSE NU	to the ca	and place, en	d due to th	ne cause(a)	
E COMPLETED	3 Sulcide 4 Homicide 29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIE	BICIAN: To the beat of ER: On the basis of a	etc. (Specify) I my knowledge, dei xamination and/or i	ath occurr	on, in my		eath occur	ENSE NU	to the car time, data	and place, en	d due to th	ne cause(a)	
BE COMPLETED	3 Sulcide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	building. HICIAN: To the best of ser. ER: HICIAN: To the best of ser.	my knowledge, de examination and/or in the second s	nth occurr	on, in my	opinion, d	29c. LICI	ENSE NU	to the care time, date	and place, en	29d. DAT	E SIGNED (
BE COMPLETED	3 Suicide 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE Dance M. 30. NAME AND ADDRESS OF PERSON WI	building. BICIAN: To the best of ser. etc. (Specify) I my knowledge, de examination and/or i	nth occurr	on, in my	opinion, d	eath occur	ENSE NU	to the care time, date	and place, en	29d. DAT	E SIGNED (

BALIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	In The This certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be reached for use as the burial-transit permit. Pages 1, 2, 3 should be reached for use as the burial-transit permit. Pages 1, 2, 3 should be reached for use as the burial-transit permit. Pages 1, 2, 3 should be reached for the least of the burial transition or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	The law retained by the hospital or attending physician.	Let. BIR CORF. After this certificate has been signed by the attending physician and completely filled in by the	From 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 . 3	FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH		HYGIENE REG. NO.
1. DE	CEDENT'S NAME (First, Middle, Last)			2. DATE O	F DEATH

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH														
	Anna H. Kreller											994	2400 M		
~	4. SOCIAL SECURITY NUMBER		5. SEX 8. AGE (In yrs. last bit		l birthday)	-				7. DATE OF BIRTH		A BIRTNE		IPLACE (State or Foreign	
	215-05-5464		1 M 2 X F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	July 2	6,	1912	Maryland		
	9a. FACILITY NAME (If not institution, give street and number)							OR LOCATI				9c. COU	NTY OF D	EATN	
DIRECTOR	Union Memorial Hospital					Baltimore City									
띭						CITY, TOWN OR LOCATION 10d, I						10d. INSIDE CITY			
	Maryland Ba						ltimore							LIMITS? 1 X YES 2 NO	
AL.	10e. STREET AND NUMBER					101. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	4310 Shamrock Avenue						21206 U.SA					Α.			
	11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 X NO					If yee, specify Cuban, Maxican,				n, Puerto Rican, etc.) Black, White			E — American Indian, k, White, atc.		
Β¥	3XX Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES					1 TES 2 NO Specify:				Spec				White	
COMPLETED	15. DEC (Specify only	CEDENT'S	ENT'S USUAL OCCUPATION ind of work done during most of working				16b. KIND OF BUSINESS/INDUSTRY								
	Elementary/Secondary (0)-12)	College (1-4 or 5	+)	Do NOT u	se retired.)	se retired.)								
MP	N/A 17. FATHER'S NAME (First, M		I/A	Ho	mema	iker					n Ho				
S	Michael Goffus										, Maiden	Malden Surname)			
BE	19a. INFORMANT'S NAME (7)			19	b. MAILING	ADDRES	S (Street a			Curry Route Number, Ci	tv or Tow	n State 7ic	o Codel		
2	Edward M. K	reller	, Jr. (S							timore			1211		
	20e. METNOD OF DISPOSITE	ION	oval from State	20b, PLACE	ANDDATE	OF DISPOS	SITION /Na	me of		DATE	20c. LO	CATION -	City or To	wn, State	
	4 Donation 5 Other	(Specify)		Most	Holy	Red	eeme	r Cer	n.	7/16	Ba	ltimo	ore,	Maryland	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc.															
	MM	uze								ane, B				. 21213	
	23. PART I. Enter the di shock, or he	iseeses, or deert failure.	complications the	nt caused the de	ath. Do	not enter	the mo	de of dy	ing, suc	h sa cerdiec d	or reepl	ratory en	reat,	Approximate interval Between	
	IMMEDIATE CAUSE (Findisease or condition	nal	- .0.	.00		1-	1	0 1	1 10	- 0 P-	0	1		Onset and Death	
	resulting in death)	→	. Farlur	e of N	spa	mey	4	Cand	LOUG	o lintar	- Cei	uer_		Few Plientes	
_		uctic	ctian (Riddle Cerel				nela)				5 days				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Failure of Respiratory & Cardiovas area Center Faw 17 Due to (or as Aconseduence or): Cerebral Information (Triddle Cerebral) Due to (or as Aconseduence or): Cerebral Information (Triddle Cerebral) Due to (or as Aconseduence or): Cerebral Information (Triddle Cerebral) Due to (or as Aconseduence or): Cerebral Information (Triddle Cerebral) Due to (or as Aconseduence or): Cerebral Information (Triddle Cerebral) Due to (or as Aconseduence or): Cerebral Information (Triddle Cerebral) Due to (or as Aconseduence or): Cerebral Information (Triddle Cerebral) Due to (or as Aconseduence or): Cerebral Information (Triddle Cerebral) Due to (or as Aconseduence or): Cerebral Information (Triddle Cerebral) Due to (or as Aconseduence or): Cerebral Information (Triddle Cerebral) Due to (or as Aconseduence or): Cerebral Information (Triddle Cerebral) Due to (or as Aconseduence or): Cerebral Information (Triddle Cerebral) Due to (or as Aconseduence or): Cerebral Information (Triddle Cerebral) Due to (or as Aconseduence or): Cerebral Information (Triddle Cerebral)									- 1					
S	cause. Enter UNDERLYi CAUSE (Disease or inju	NG V					n							2 days	
E	thet initieted evente reaulting in death) LAS		DUE TO	(DR AS A CDNSE	DUENCE O	F):								/	
E			d												
AL	PART II. Other aignifica										WAS AN	AUTOPSY MED2	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO	
MEDICAL		Cherry	cattacks	, Cereb	al U	25 all	en a	eeid	als	1 🗆	YES 2			COMPLETION OF CAUSE OF DEATH?	
M	Peripheral		ar Dise											1 TYES 2 NO	
AN	DID TOBACCO		CONTRIBUTE	TO CAUS	SE OF	DEAT	_		NO	IZN					
PHYSICIAN	EXAMINER?	O MEDICAL	HOSPITAL:	ER/Outpatient 3	□ DO 4	OTHE	R:			eck only one)					
H	27. MANNER OF DEATN		28a. DATE OF	INJURY	28b. TIN	E OF	28c. INJ	URY AT	sidenca	6 Other (Spe 28d. DESCRIB		NJURY OC	CURED		
ву р		Pending Investigation	(Month, E	Day, Year)	:IN.	JURY M	E OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED UNY WORK? 2 NO 2								
	3 Suicide 28e. PLACE DF INJURY — At home, ferr					street, fac	lory, offic	•		281. LOCATION (Street and Number or Rural Route Number,					
1	4 Nomicide detarmined building, etc. (Specify)														
сомрсетер		(Check only 1 (Check only 1 CERTIFFING PHYSICIAN: 10 the best of my knowledge, death occurred at the time, data and place, and dua to the cause(s) and manner as attated.													
Š	one) 2 MEDI	CAL EXAMINE	R: On the basis of a	xemination end/or	investigation	on, in my o	opinion, d	eath occur	red at the	time, data and p	place, en	d due to th	na cause(a	a) and manner as stated,	
BE (29b, SIGNATURE AND TITLE OF CENTINER					29c. LICENSE NUN			ABER 29d. DATE SIGNED (Month,			0			
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM)					AT 2438446 > 7-13-94						-94			
30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE															
	31. DATE FILED (Month, Day,	Year)	p 32. REGISTRA	AR'S SIGNATURE	9116	المارين المارين المارين المارين المارين المارين المارين المارين المارين المارين المارين المارين المارين المارين									
JUL 1 5 1994 Julie Devidson Bandon															
		- 0							-						

4	
₹.	
-	•
<u> </u>	
0	
38760	
-	
100	
∞ .	
9	
9	
BOX	
-	
0	
_	
ന	
_	
o	
U	
Τ,	
۵.	
-	
က်	
40	
ഗ	
-	
-	
ш.	
_	
0	
RECORD	
c)	
ш	
00	
ш.	
_1	
_	
VITAL	
. "	
-	
_	
200	
Contract of the Contract of th	
11	
OF	
0	
O.	
N O	
_	
-	
$^{\circ}$	
_	
DIVISIO	
U)	
_	
-	
Control of the Control	
_	
<u>></u>	
_	

		FOR	STATE OF MAI			TMENT	r UE I	UEALTH	AND I	MENTA	I UVÇIEN	ic .	T bes	
_		1 - STATE REGISTRAR	OINIT AL BILL					DEA		MENIA	REG. NO			
		1. OECEDENT'S NAME (First, Middle, Lest) TOMMYE F. KING								2. DATE MONT	OF DEATH	AY 4	YEAR 94	3. TIME OF DEATH 2:00P M
		242 42 4244		AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7 DATE	OF BIRTH			IPLACE (State or Foreign
	стов	Se. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 96. CITY										_	Howa	
	DIRE	Maryland Howa												10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	ERAL	3004 N. Ridge Road		e rtlande	223	3_	10	zip codi	943	21042			U.S.	WHAT COUNTRY?
	BY FUNI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT ET FORCES? 1 IF YES, GIVE WAR	YES 2 XN			If yee, sp		n, Maxice	n, Puerto	N? (Specify Ve- Ricen, etc.)	e or No	14. RACI Blec Spec	E — American Indian, k, White, etc. White
	LETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	(Giv	e kind of a Do NOT us	e retired.)	during m	ost of working		166	Design			NT
ej l	COMPL		2yrs.		Keg	Istei	rea	nurs				vate Duty Nursing		
7	BE CO	17. FATHER'S NAME (First, Middle, Last) Thomas FLOYD						Lau	ıra	RE	Middle, Melden	Surname)		
notifi	9	Dr. Thomas King						607 Br Mead				tt C:		MD 21043
must b	i	20e. METHOD OF DISPOSITION 1	al from State	cometery, crem Greenm						7/		cation —	•	,
examiner must be		21. SIGNATURE OF FUNERAL SERVICE LICE) V //	nng	~	HU	JBBA		JNERA	AL H	OME, I Balti		, MD	21229
nt, the medical	23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition											Approximata interval Between Onset and Death		
rtic event,	N	Sequentially list conditions, 6.	DUE TO (OR	Olene	WENCE OF	F):								
r traumatic	CATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR	AS A CONSEO	UENCE O	F):								
0r 0t	CERTIFI	that initiated events resulting in death) LAST d.	DUE TO (OR	AS A CONSEC	UENCE O	F):								
any injur	EDICAL (PART II. Other algnificant conditions	contributing to da	ath but not ra	aulting	In the ur	ndariyin	g causa	givan in	Part I.	24a. WAS AN PERFOI 1 TYES	RMED?	246	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
sho	AN: MEI	DID TOBACCO USE CO	ONTRIBUTE T	O CAUS	E OF	DEAT	Ή Y	ES 🗀	NO					1 YES 2 NO
Item 2	질	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:	LACE OF D						
6	PHYSICI		I inpatient 2 ii EF			4 🗌 Nur	alng Hon	ne 5 Re	esidence					
-34	BY P	1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJ (Month, Day,)	Year)		URY M	1 🗌	JURY AT ORK? YES 2	NO	28d. DE	SCRIBE HOW	INJURY OC	CURED	
28 is		3 Suicide 8 Could not be determined	28a. PLACE OF IN building, etc.	IJURY — At hon . (Specify)	ne, tarm, :	street, tac	tory, offic	ca			CATION (Street or Town, State		or or Rural	Route Number,
H H	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI.												s) end manner as stated.
	00	296, SIGNATURE AND TITLE OF CERTIFIER	10	11)	_			-			,,			
0	9 8	101	29c. LICENS							29d. DATE SIGNED (Month, Day, Year)				

Dr. Gary Milles
31. DATE FILED (Month, Day, Year)
JUL 1 5 1994 Au 3460 Ellicott Center Drive, Ellicott City, MD 21043 - Manda

11.

TO THE HOSPITAL OR ATTENDING PHYSICIAN THE SECOND OF THE THEORY OF THE T

BALTIMORE, MARYLAND 21215-0020

BECORDS, P.O. BOX 68760,

DIVISION OF VITAL

1

FOR			OTATE	0	MADVI					-	
ITEMS:	27,	28a,b,d,e,f	, PER	MEC	FILM	G-71	6 1	0/15/	94	t.	l

	1 - STATE REGISTRAR	SIAIE UF	MARYLAND / D CEF				DEAT			REG. NO.			
	1. DECEDENT'S NAME (First, Midd LEROY	lie, Last)	KT	STIN	IER				2. DATE OF MONTH	DEATH DAY	19	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-01-4864	5. SEX	8. AGE (In yrs. lest bi	rthday)	_	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF			6. BIRTHPL	ACE (State or Foreign
	9a. FACILITY NAME (If not institute	on, give street and number)	Hookins	YRS.			A LOCATION	-23				Mal I	yland
TOR	Francis Sco		c.Bayvie	w)		Bal	timo	re					
IREC	10a. STATE 10b.			Y, TOWN				67			1	0d. INSIDE CITY LIMITS?	
	Maryland 100. STREET AND NUMBER				Bal		ZIP CODE				10a CITIZ		XYES 2 NO
ERA	3405 Mt. Pl	easant Av	enue					.224				IJ.S.	
BY	11. MARITAL STATUS 1 Never Married 2 Marri 3 W Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARME 1 YES 2 NO WAR OR DATES	D		If yes, sp		n, Maxica	IIC ORIGIN? (S n, Puerto Rice y:		r No—	14. RACE Black, 1 Specify;	- American Indian, White, etc. White
PLETED	15, DECEDEN (Specify only high Elementary/Secondary (0-12) 6th	IT'S EDUCATION est grade completed) College (1-4 or :	(+)	kind of NOT u	work done se retired.)	during mo	st of working			eth S		USTRY	
	17. FATHER'S NAME (First, Middle, Henry	Kistner					18. MOTI	HER'S NA	ME (First, Midd				
0	19a. INFORMANT'S NAME (Typo/Pr Dr. Gary Ki								Route Number,				16803
1000000	20a, METHOD OF DISPOSITION 1 K Burlal 2 Cremation 3	☐ Ramoval from State	20b. PLACE AND	DATE	OF DISPOS	SITION (Na	me of		DATE	20c. LOCA	TION — C	City or Town	n, Stata
	4 Donation 5 Other (Spec		<u> DAKLAW</u>	N (EME	TER	Y ID ADDRES	SS OF FA	CILITY	вац	CIM	ore,	Maryland
ITIFICATION	resulting in deeth) Sequentielly list conditions, if eny, leading to immediets cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	S L CORD	O (OR AS A CONSCOULD O (OR A CONSCOULD O (OR A CONSCOULD O (OR A CONSCOULD O (OR A CONSCOULD O (OR A CONSCOULD O (APP ENCE O	TERCY FI:	, 1	Dises	45E					
4. SOCIAL SECUI 2 1.3 - 0.1 9a. FACILITY NAM F T 4:1C 1 RESIDENCE 10a. STATE Maryla 10a. STREET AND 3:405 M 11. MARITAL STAT 1 11. Never Marrix 3 M Widowed 12. FATHER'S NAM HE1TY 9 19a. INFORMANT Dr. G2 20a. METHOD OF 1 M Burla! 2 1 4 Donation 11. ENGHATURE 0 23. PART I. En IMMEDIATE C. disease or corresulting in de resulting in de resul	PART II. Other significant or MCTABOUR HIP TRACE	ACIDOSIS	o deeth but not res	ulting	In the u	nderlyin	g cause (given in		e. WAS AN AU PERFORMI	ED?	a c	VERE AUTOPSY FINDINGS NAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH! YES 2 NO
ICIA	The second secon	HOSPITAL:	b-N-Ross		OTHE		ACE OF D	EATH (Ch	eck only one)				
84	2 X Accident Invest 3 Suicide 6 Could	Ing JUNE 3 Ing JUNE 3 If not ba	Day, Year)	186. TIN IN.	E OF JURY P M	28c, INJ WO 1 🗌	URY AT RK? /ES 2		FELL WI	PECHOW INJUDICAL PROPERTY OF THE WAR	LKING	à	ite Number,
OMPLETE	29a. CERTIFIER (Check only	MG PHYSICIAN: To the bast EXAMINER: On the basis of	of my knowledge, death	occum		time, data			MERÍDI/	AN NH,	er as state	rd.	
8E	296. SIGNATURE AND TITLE OF CO. 296. SIGNATURE AND TITLE OF CO. 296. SIGNATURE AND ADDRESS OF FREE	CERTIFIER DANG	F./Cont	mr	?			OSC					Aonth, Day, Year)
	DAGO F. Kong A 31. DATE FILEO (MONTH, Day, Year) JUL 1 5 1994	32. REGISTI	600 N. WET PAR'S SIGNATURE Fran-Rondard	76.	50	Ton	15 1	HOPP	ens /	les pro	9 1	FARM	105 BOATMO

7 1 1 3 15		$\in \mathbb{I}$	7	MINE.
12915-1012			1 201 - 99	213 27
	910 11 5	(nis c.3awi)		os cip ers
	3alli ore	-		luelvie.
and the second	2122	9 9	7 6250	7010
etit '		20-		
20038 1308	esvolor Ili	- i -		ře:
	6,	3	is	,
Ctate ●ollons a. 15 03	T(25 374	0	is e.	12. Gg21
3a = 1 0 1 a 1 a	YE WALL O	7. 3.2.		2

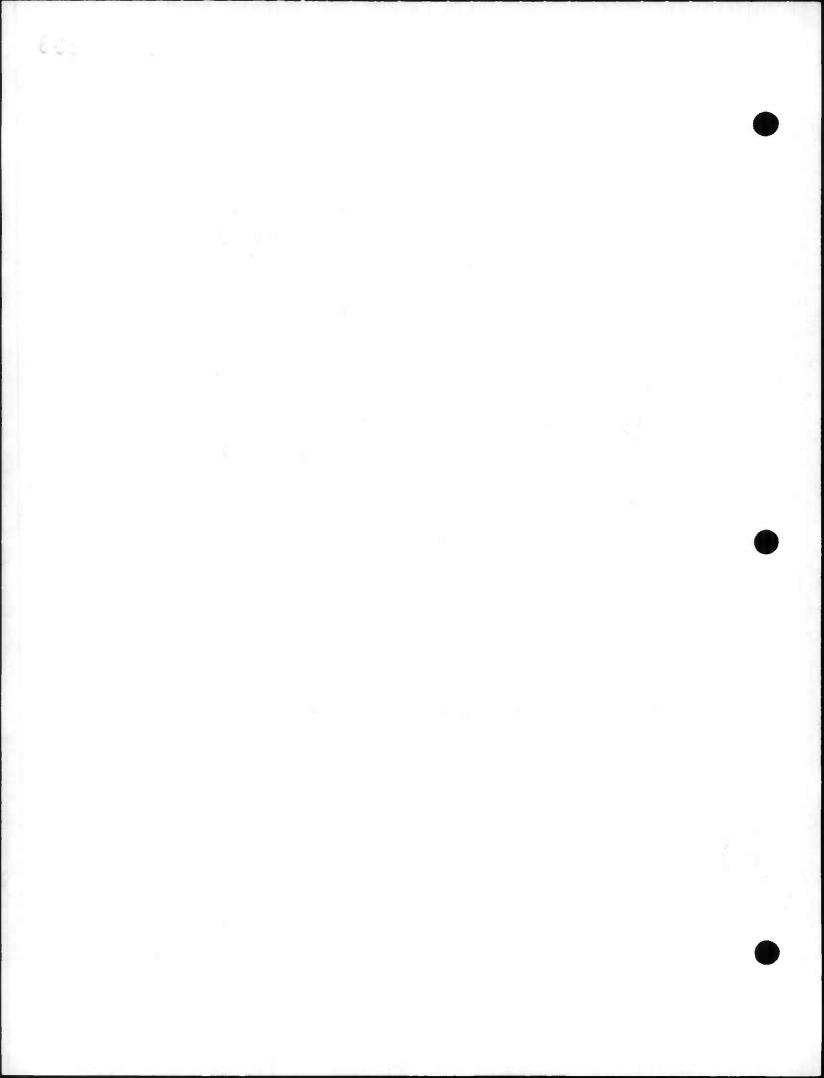
DHMH-16 Rev 1/89

×	
0	ì
9	1
	ľ
∞	
9	
_	
2	
0	1
00	
. BOX 68760	,
о. О	1
٧.	
0.	
_	i
S	
ä	
_	1
E	** .
RECORI	
\overline{a}	
_	
ш	
<u> </u>	
4	
VITAL	
Q.	
-	1
	The same
>	1
u.	ì
~	1
_	i
~	1
~	1
J	į
-	i
**	j
>	1
-	j
2	,
-	

28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

REGISTRAR	CERTIFICA	ATE OF	DEATH		REG. NO						
1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE	OF DEATH	AM	WEAR	3. TIME OF DEATH			
Margaret Mary LANSING				07	12	AT	94	12:51 PM			
4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTH	IPLACE (State or Foreign			
495-24-0087 1□M2⊠F 6	9 YRS. MON	THE DAYS	HOURS MIN.	10	O1	S. BIRTHPLACE (State or Foreign Country) 10d. INSIDE CITY 11 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 1 U. S. A. or No— 14. RACE — American Indian, Black, Whita, atc. Specify: White White Surname) WN) 10. State, Zip Code) MD 21228 CATION — City or Town, Stata caltimore, MD C. Ore, MD 21229 ratory arrest, Approximate Interval Betwee Onset and Decompletion of Cause of Death? 1 YES 2 NO AUITOPSY MED? 24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO AUITOPSY MED? 1 YES 2 NO					
9a. FACILITY NAME (If not institution, give street and number)		CITY, TOWN	OR LOCATION OF D	EATH		9c. COUR					
713 Maiden Choice Lane, Ap	t 4308	Caton	sville			Ba1	timo	ore			
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY											
	10c. CITY, TO	WN OR LOCA						10d. INSIDE CITY LIMITS?			
				tonsv	ille						
100. STREET AND NUMBER		10	f. ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?			
10e. STREET AND NUMBER 713 Maiden Choice Lane, Ap 11. MARITAL STATUS 12. WAS DECEDENT EVER FORCES? 1 VES			21228				U.S.	Α.			
11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN	? (Specify Yes	or No-					
3 X Widowed 4 Divorced IF YES, GIVE WAR OR			2 NO Specif		,,			fly:			
	40. 00000000000000000000000000000000000			1				WILLE			
(Specify only highest grade completed)	(Give kind of work in the Do NOT use reti	done during m		16b.	KIND OF BU	SINESS/IND	USTRY				
Elementary/Secondary (0-12) College (1-4 or 5+)	Homema			- 1	II	. 1					
17. FATHER'S NAME (First, Middle, Last)	Пошеша	REI	T				_				
			18. MOTHER'S NA			,					
19a INFORMANT'S NAME (Type/Print)	106 8441 100 400	Dece (O-	Jul:		(UNKNO		0.41				
Terry R. Lansing								220			
			renue, Ca	atons	ville.	, MD					
	b. PLACEAND DATE OF DI gretery, crematory or other p TEENMOUNT	SPOSITION (N	ame of	7/1	4 20c. LO	CATION —	City or To	own, Stata			
4 Donation 6 Other (Specify)	31 eenmount		OTY ND ADDRESS OF FA		1	parti	more	, MID			
20 60 M		HUBBAI	RD FUNERA	AL HO	ME. IN	IC.					
Tours Smill	_	4107 V	Vilkens A	Ave,	Baltin	nore,	MD	21229			
23. PART i. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on iMMEDIATE CAUSE (Final	eech line.	~		ch ss card	lec or resp	iratory arr	rest,	Approximate Interval Between Onset and Death			
disease or condition resulting in deeth) DUE TO (OH) AS A CONSEQUENCE OF):											
DUE TO (QR)AS	A CONSEQUENCE OF:										
Sequentially list conditions,	131~										
If any leading to immediate	A CONSEQUENCE OF):	1-/									
CAUSE (Disease or Injury	CONSEQUENCE OF):	Mon									
that initiated events resulting in deeth) LAST	OUNDEADENCE OF).	-									
II as and to see the second of	but not resulting in th	e underlyin	g ceuse given in	Part I.	24s. WAS AN		24b				
PAHT II. Other significent conditions contributing to deeth	Attre				PERFOR			COMPLETION OF CAUSE			
· ·					1 123	700					
DID TOBACCO USE CONTRIBUTE TO	CAUSE OF D	EATH '	ES TI NO					1 [] 1E3 2 [] NU			
25. WAS CASE REFERRED TO MEDICAL			LACE OF DEATH (C)		1	_					
EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Out		HER:									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 10 Inpetiant 2 ER/Ou 27. MANNER OF OEATH 28. DATE OF INJURY (Month, Day, Year)	26b. TIME OF		Ne 5 Residence	_		N IURY OCC	CHRED				
	INJURY	W	YES 2 NO	200. 020	ornoc non	MOONT OO	COMED				
2 Accident Investigation	Y At home, farm, street			204 1 004	TION (Press)		- 01	0.1.1			
3 Suicide 6 Could not be detarmined Z5a, PLACE OF INJUR	ecify)	, rectory, orni			or Town, State)		or Humi I	Houte Number,			
4 Homicide 6 Could not be detarmined building, etc. (Sp detarmined) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examinating											
(Check only one)											
MEDICAL EXAMINER: On the basis of examinati	on and/or investigation, in	my opinion,	feath occured at the	time, data	and placa, ar	d due to th	e cause(s	s) and menner as stated.			
296. SIGNATURE AND PITTLE OF CERTIFIER			29c. LICENSE NU	MBER	_	29d. DATI	E SIGNEO	(Month, Day, Year)			
1000			17 3V	BLE		1	7/13	154			
30. MANE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF O							/				
Dr. Steven Diener 3459 S	t. Johns La	ane, E	llicott	City,	MD						
31. DATE FILEO (Morith, Dey, Year) 32. REGISTRAR'S SIG	NATURE										
JUL 1 5 1994 Juli Teridor Mar											

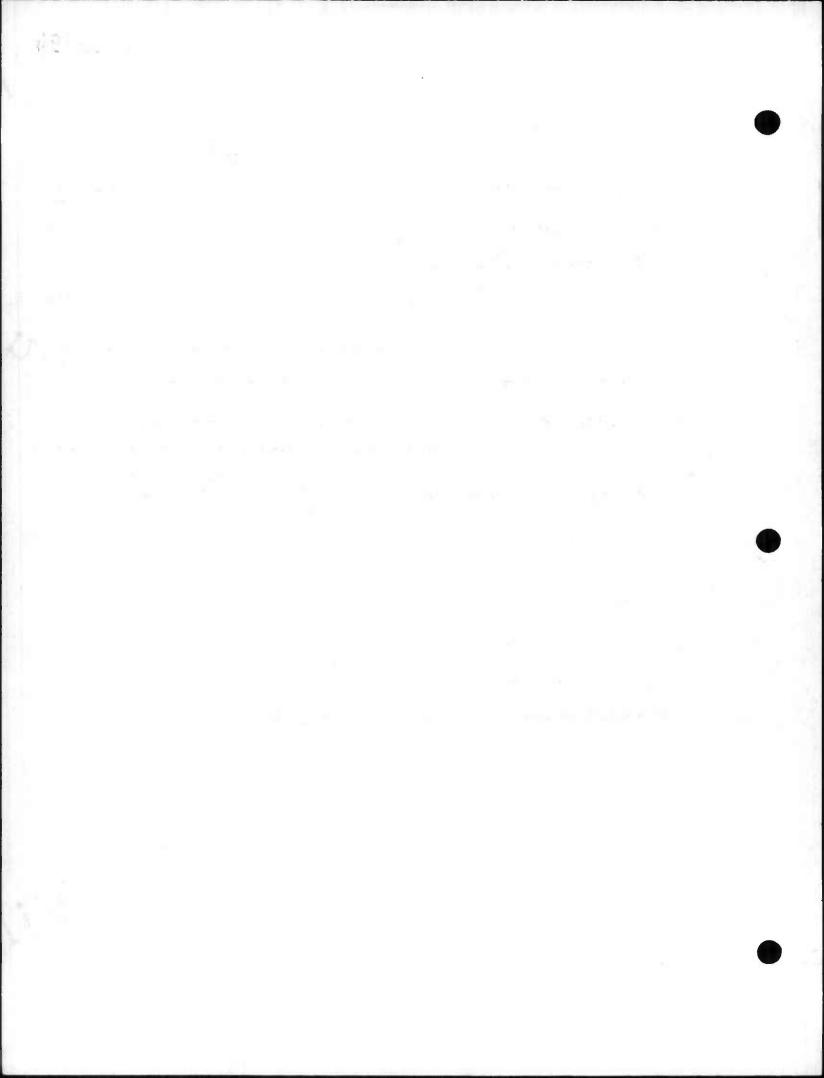


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. In the flower, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	REGISTRAR		CE	RTIFI	CATE (OF DE	ATH	REG. I	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						4	2. DATE OF DEATH			3. TIME OF DEATH
	ERIC V LINDB	ECK						MONTH 7	DAY 12 9	YEAR	11:00 am
			AGE (In yrs. last	birthday)	IF UNDER t Y	AR IF LIN	DER 24 HRS.	7 DATE OF BIRTH			HPLACE (State or Foreign
	566-03-9623	I X M 2 □ F	81			YS HOUR		(Month, Day, Year 11-14-)	Count	Sweden
	9s. FACILITY NAME (If not institution, give street	et and number)			9b. CITY, TO	WN OR LOC	TION OF D	EATH	9c. COL	UNTY OF E	DEATH
DIRECTOR	Greater Baltimore	Medical	Center			rowson	1			Balt	imore
입	10a. STATE 10b. COUNTY			10c. CITY	TOWN OR L	OCATION					10d. INSIDE CITY
	Maryland Balti	more		Tow							LIMITS?
A	10e. STREET AND NUMBER					10f. ZIP C	DDE		10g. CI	TIZEN OF	WHAT COUNTRY?
FUNERAL	Blakehurst 105					2120				U.S.	Α.
E I	11. MARITAL STATUS 1 1 Never Married 2 Married	2. WAS DECEDENT E FORCES? 1 X						VIC ORIGIN? (Specify In, Puarto Rican, atc.)		14. RAC	E — American Indian, ck, White, etc.
B	3XXWidowed 4 Divorced	IF YES, GIVE WAR	OR DATES WW	11		YES 2 X				Spec	
	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION (mpleted)			JSUAL OCCU		rkina	16b. KIND OF	BUSINESS/IN	DUSTRY	
ᄪ		College (t-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.)								
COMPLETED	12		V-i	ce P	reside				hoener		Co.
	17. FATHER'S NAME (First, Middle, Last) Victor Lin	dbeck				18. M		ME (First, Middle, Mail ar Linda			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (SI	reet and Num	ber or Rural	Route Number, City or	Town, State, Z	ip Code)	
2	Ronald E. Lindbeck							, Upperco			21155
	20a. METHOD OF DISPOSITION 1X Burial 2 ☐ Cremation 3 ☐ Remove	al from State	20b. PLACE A	ND DATE O	F DISPOSITIO	N (Name of	_	DATE 20c.			
	4 Donation 5 Other (Specify)		Dulan	ey « v							m, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RUCK TOWSON Funeral Home, Inc.											
	▶ Wallace	SB	wolf	2.				ad, Towso			204
	23. PART I. Enter the diseases, or cor shock, or heart failure. Lis	mplications that cost only one cause	nused the dea	th. Do n	ot enter the	mode of	dying, suc	h aa cardlac or re	apiratory a	rrest,	Approximata interval Between
	IMMEDIATE CAUSE (Final	The last second			٨	0.00		_			Onset and Death
	disease or condition resulting in death)		bro va			alli	dev	u			Hrs
		DUE TO (OF	AS A CONSEQ	UENCE OF):	01-5	0.101	cular	1:00	160	V-0
ON	Sequentially list conditions, b.		AS A CONSECU			CCDI	2003	allar C) 12EC	WE	712 .
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING				,						į
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OF	AS A CONSEC	JENCE OF):						
FH	resulting in death) LAST										
	PART II. Other significant conditions	contributing to de	ath but not re	sulting l	n the under	tvina caua	o diven in	Part I 24- une	AN AUTOPSY		b. WERE AUTOPSY FINDINGS
DICAL	End Stage	rengo	disa	2056	9	lynig cous	a Aiseil III	PER	FORMED?	. 240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ш	Gastrointes	b'noo	1-1100					t 🗆 YES	2 -NO		OF DEATH?
Σ	DID TOBACCO USE CO			E OE	DEATH	VEC F	7 NO				1 TYES 2 AND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	NAIKIBOIL I	O CAUS	e Or				eck only one)			
Sic		IOSPITAL:	2/Outpetient 3		OTHER:	143					
Ä	27. MANNER OF DEATH	28a. DATE OF INJ	IURY	28b. TIME		. INJURY AT	Hasidence	6 Other (Specify) 28d. DESCRIBE HO	W INJURY O	CCURED	
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day,	Year)	INJU		WORK?	□ NO				
	2 Accident Investigation 3 Suictde 8 Could not be	26s. PLACE OF IN	JURY — At hon	na, farm, et	treet, factory,	offica		261. LOCATION (Str.		er or Rural	Route Number,
ETED	4 Homicide determined	building, etc.	. (Specify)					City or Town, Si	ate)		
2	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my	knowledge, dea	th occurre	d at the time,	date and pla	ice, and due	to the cause(a) and	menner es st	ated,	
COMPL	one) 2 MEDICAL EXAMINER:										a) and manner as stated.
- 14	296. SIGNATURE AND TITLE OF CERTIFIER	1 /				29c. L	ICENSE NUI	MBER	29d. DA	TE SIGNE	D (Month, Day, Year)
O BE	Auch S.	Lah	-me)		D	391	16	•	7/	12/94
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	OF DEATH (ITEM	27) (Type,	Prine) Rot	Sorl	NO R	2 Suite 1	02 L	utt	nerville D 21093
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S	SIGNATURE				ð			,,,	0 21013
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUL 15 1993 July Develop Raddle											



1. TOTTY

Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

should

Pages 1, 2, 3

permit.

use as the burial-transit

director, page 5 should be detached for

BOX 68760 C ۵ DIVISION OF VITAL RECORDS

-	ο.,	76		=
ī	£.	Je.		E
2	dea	Ş		×
1	18	the	3	=
	S.	3	E	2
	5	5	9	8
	ē	20	9	E
		iii.	99	9
	Č.	>	ati	=
5	\$	ete	Em.	E
>	*	g	2	E
5	Ste	S	ag.	3
5	2	5	3	표
	8	9	2	Ē
5	2	cia	0	ē
ì	ate	Š	ă	-
	ific	à,	e	9
	Le:	5	ğ	5
•	q	2	Í	10
-	eat	atte	雪	>
)	Pa	9	Wer	3
1	Ē	Y	P	Ξ
	120	0	è	2
)	S	ě	를	9
)	ire	Sign	169	\$
	90	5	10	2
	≥	Ž	Ţ,	- 60
!	4	98	중	8
	he	43	9	E
	-	cat	Stal	윤
•	A	TH.	60	5
	38	ë	Ħ	_
)	ž	2	ŧ	9
	۵.	T T	+	and and
	ž	the	eal	Е
	9	i	D	99
	H	è	ate	82
	A	2	23	E
	O.B.	뚬	8	ē
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after death, P	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin.
	PIT	8	0 7	-
	8	N	Ē	3
	1	Œ	*	0
	품	본	Je J	0
	0	ρ.	9	È
	-	-	D	=

5 1993

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Walter Gelston Mc Neil, Jr 12:15AM 7-12-4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year B. BIRTHPLACE (State or Foreign 213 26 1145 DAYS 86 1 XM 2 F 8-15-1907 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Montgomery County Gen Hospital 01ney Montgomery Co RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Co Sandy Springs 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Friends Nursong Home 20860 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: White YES 2 NO Specify: ВУ 3 Widowed 4 Divorced No COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
Wite. Do NOT use retired.) Education/ 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 +6+ Peace&Social Justice 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Walter F Gelston Mc Neil BE Laura Taft notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 PowAtty: Victor Kaufman 11402 Cam Ct, Kensington, MD20895 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 Buriel 2 Cremetion 3 Removal from State
4 Donation 8 Other (Specify) must cemetery, crematory or other piece) 21. SIGNATURE OF FUNERAL SERVICE LICENSER on ald examiner 22. NAME AND ADDRESS OF FACILITY State Anatomy Board Wade, Dir Dep 655W.BaltimoreSt,Balto,MD21201 medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of tying, such as cerdiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line Interval Between **IMMEDIATE CAUSE (Final Onset and Death** traumatic event, the disease or condition resulting in death) 1 ella pro urgles DUE TO (CA A CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem 26. PLACE OF DEATH (Check only one) HOSPITAL:
1/0 inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 0 27, MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Netwer 5 Pending 1 YES 2 NO ВУ 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 99 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED Could not be after 28 i 4 Homicide Hem 2 29e. CERTIFIER (Check only one) RTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, end due to the cause(a) and manner ea stated. data and place, end due to the ceuse(e) and manner as stated 296 SIGNATURE BE 2 30, NAME A

6.0

Wall T

- 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State

		1 - STATE REGISTRAR	STATE OF MARYL			MENT OF H		ENTAL HYGIEN			
	Control Control	1. DECEDENT'S NAME (First, Middle, Les 4. SOCIAL SECURITY NUMBER	M. Her	GLE		RON MILL	ER, JR.	2. DATE OF DEATH	39	4	TIME OF DEATH
	20.00	219-78-2906 9e. FACILITY NAME (If not institution, giv	1 M 2 F 3	7	YRS.	DAYS	HOURS MIN.	(Month, Day, Year) TH	59 1	Country) MARYI Y OF DEATH	LAND
	CTOR	RESIDENCE OF DECEDENT	ursery li	Cel			thicu	n		TA	
	- DIRE		ANNE ARUNDEI		10c. CITY, T		OLD				. INSIDE CITY LIMITS? YES X NO
	NERAL	1182 BUNKER AV					21012		U.	S.A.	
	D BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2. N	MED O	If yes, sp	ENDENT OF HISPANI ecify Cuban, Mexican, 2 [美NO Specify:	ORIGIN? (Specify Ye Puerto Rican, etc.)	a or No- 14	4. RACE — A Black, Wh Specify:	American Indian, lita, etc.
	ETE	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	college (1-4 or 5+)	I (Gir	ve kind of work Do NOT use re		ON set of working	16b. KIND OF BU			
Once.	COMPL	12 17. FATHER'S NAME (First, Middle, Last)	NONE		PLUN	IBER		L.A. D	Sumame)	NICAL	_
notified at once.	TO BE	GLENN C. MILLE 190. INFORMANT'S NAME (Type/Print) WANDA MILLER					and Number or Rural Ro	EN E . S(vn, State, Zip Co		-
st be no	٦	20e, METHOD OF DISPOSITION	206	PLACEA	NDDATEOFO	ISPOSITION (Na	me of 7	/ ARNOLI	CATION CIT	ty or Town 9	State
examiner must be		4 Donellon 5 Other (Specify)		GLEN	HAVE	N MEM	OND AVE	K1994 GI ™SINGLE	TON F	JRNIE UNEF	E, MD. RAL HOME
medical exa	\dashv	23. PART I, Enter the diseases, o	or complications that coused	d the dec	eth. Do not	GLEN	BURNIE,	MARYLAI	ND		Approximata
		IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Out To (OR AS A	ech iine.				HeA			Interval Batween Onset and Daat
injury, or other traumatic event, the	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OR AS A	CONSEQ	UENCE OF):						
, or other	ERTIFI	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEO	UENCE OF):						
-	MEDICAL	PART ii. Other aignificent conditi	one contributing to deeth b	out not re	eaulting in t	he underlying	g ceuse given in P	PERFOI	RMED?	AWAII COM OF E	E AUTOPSY FINDINGS LABLE PRIOR TO PPLETION DF CAUSE DEATH? YES 2 \(\) NO
23 8	AN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF OEATH (Chec	k only one)			
	PHYSICI	YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outp 28e. DATE OF INJURY	patient 3	26b. TIME O	F 28c. INJ		Other (Specify)		ed =	3
mari	B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	280 PLACE OF INHIBY	- At hor	ne, ferm, stree		PK?	Shot	- Je	2/5	Number
78	LETED	4 Homicide determined	10000	15				LINTHIC	Cum	, n	rel'
IMPORTANT: If item	COMPL	(Check only CERTIFYING PHY	YSICIAN: To the bast of my know								manner ea stated.
IMPORT	TO BE	296. SIGNATURE AND TITLE OF CENTRE	and the	D	apu.	ty	DO C	ER 054	29d. DATE S	IGNED (Mon	th. Day, Year)
		30. NAME AND ADDRESS OF PERSON V	P. Jone.	51	M L		695.	Ama	rich	21	035
		JUL 15 1993	32. REGISTRAR'S SIGN.	ATURE COLL	(

10d. INSIDE CITY

Interval Batween

Onset and Death

REG. NO.

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

DIRECTOR

FUNERAL

ВҰ

COMPLETED

at BE notified a

Pe

must

examiner

medical

the

traumatic event,

other

6

CERTIFICATION

MEDICAL

PHYSICIAN:

ВҮ

COMPLETED

BE

5

				DIMENSION VII AL RECORDS, P	2	-	•	3	Ha.	= 8	7	Ľ	TI.	Š	T.	ő	Č	-
0	뿔	TO THE HOSPITAL OR ATTENDING PHISCIAN. THE law requires that the death	₹.	08	Ę	9/	90	1		N.	le lav	E C	deir	SS	Jat	the	deat	45
0	뿓	TO THE FUNERAL DIRECTOR ATTEMPT OF CITIESTEE has been signed by the attemption	\$	DIR	E	Ç.	b	É	8	ficate	has	pee	N Si	Juec	5	the	atte	a
63	filed	within	2	mon.	f	5	Ħ	ş	100	State	Dep	0.	He	afth	ani	×	enta	-
35	0	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or	Ξ	them	28	.12	Ē	휸	0	Iten	n 23	Es.	WO	9	ž	륟	Š	-

1. DECEDENT'S NAME (First, Middle, Last)

Margaret Catherine 3. TIME OF DEATH Mitchell July 12 1994 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS A. BIRTHPLACE (State or Foreign (Morth, Day, Year) NOV. 20, 1908 HOURS 1 M 2 XF 215-76-7917 VBS 85 MARYLAND 9s. FACILITY NAME (If not institution, give street and number) 96. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH STELLA MARIS HOSPICE TOWSON BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY MARYLAND BALTIMORE TOWSON 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2300 DULANEY VALLEY ROAD 21204 USA 11 MADITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puarto Rican, stc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 WHO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TYES 2 NO Specify: WHITE Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) 8 HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) **JOSEPH** E. LYNCH ANNIE RHEEN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code)
32 OAKRIDGE CT. LUTHERVILLE, MD. 21093 PAUL SCHEEL 20a. METHOD OF DISPOSITION
1 | Y Burlal 2 | Cremetion 3 | Removel from State
4 | Donation 5 | Other County 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State DULANEY VALLEY CEM. 7/14/94 TOWSON, MD. Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE RUCK TOWSON FUNERAL HOME INC. JOHN E. DOLAN 1050 YORK ROAD TOWSON, MD. 21204 I. Enter the diseesea, or complications that ceused the deeth. Do not entar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Perforated Bowel reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Recurrent Strokes Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY PINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? Y TI YES 2 TI NO I WES Z NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25. WAS CASE REFERRED TO MEDICAL HOSPITAL T YES 2 NO 27. MANNER OF DEATH 28s. DATE OF II 1 Natural 2 Accident 284. PLACE OF INJO

26. PLACE OF DEATH (Check only one) rsing Home 5 - flusidence 6 - Other (Specify) 28c. INJURY AT

1 YES 3 NO 28f. LOCATION (Street and Number or Rural Route Number.

29b. SIGNATURE AND TITLE OF CERTIFIEF SE HUMBER 04

23. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Eddie Nakhuda 2300 Dulaney Valley RD. Towson, Maryland 21204

31. DATE FILED (Month, Day, Year) JUL 1 5 1994

4 Homicide

29s, CERTIFIER

DHMH-16 Rev 1/89

29d. DATE BIGNED (Month, Day, Year)

John Same

STATE	OF MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN	NE
	C	ERTIFICATE	0	F DEAT	TH		REG NO	1

		REGISTRAR		CERTIF	ICATE O	F DEATH		EG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last) Thelma ma	Cuphin				2. DATE OF E		(EAR) 3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER 214-38-4086		(In yrs. leat birthday) 90 yrs.	IF UNDER 1 YEAR		7. DATE OF B (Month, De) 10-16	y, Year)	BIRTHPLACE (State or Foreign Country) Maryland	
3 should		9a. FACILITY NAME (If not institution, give		- 12	9b. CITY, TOW	N OR LOCATION OF DE			Y OF DEATH	
ci .	POT	John Hopkin	Bayview		Ba	ltimore				
020 physician. burial-transit permit. Pages 1,	DIRECTOR	10e. STATE 10b. COUNT	altimore		y, town on Lo Dundal			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
permit	AL	10e. STREET AND NUMBER			17977	10f. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?	
an. ransit	FUNER	8217 Bullnec				21222		US	SA	
9 8 9	BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	If yes,	Specify Cuban, Maxica (ES 2 NO Specify	in, Puerto Rican		RACE — American Indian, Black, White, atc. Specify: White	
1215. r attendi	ED	15. DECEDENT'S EDI (Specify only highest grad	JCATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIN	D OF BUSINESS/INDUS	STRY	
ND 212 hospital or arched for us	COMPLET	Elementary/Secondary (0-12) 6th	College (1-4 or 5+) College (1-4 or 5+) Give kind of wife. Do NOT us House		work done during most of working se retired.)					
YLA by the be det	ш	17. FATHER'S NAME (First, Middle, Lest) William Eck	ert					ie, Maiden Surname)		
MAR e retained e 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print) Ruth Dotter						City or Town, State, Zip Co altimore	e, Md. 21222	
ORE, s 6 may be ector, page must be		20g. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State 2	ob. PLACE AND DATE emètéry, crematory or o Mt. O1	OF DISPOSITION		DATE	20c. LOCATION — CIT Baltimo	y or Town, State	
BALTIMORE, ter death. Page 6 may be the funeral director, page yeal.		21. SIGNATURE OF FUNERAL SERVICE L		100.	22 MAME	and address of FA nelly Fu	neral	Home of	Dundalk indalk 21222	
BOX 68760, ficate be executed with ours after physician and completely med in by the ne prior to burial, cremation, or removaler traumatic event, the medical	RTIFICATION	23. PART I. Enter the disease, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	s. Sep5/5 DUE TO (OR AS	A CONSEQUENCE O	F):	and or dying, and	as condice	or respiratory arres	Approximate interval Between Onset and Death 5 DAYS	
P.O. B th certificate lending phys Hygiene p	ш	that initiated events resulting in death) LAST	DUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE OF):						
2	AL C	PART II. Other significent condition	ns contributing to deeth	but not resulting	in the underly	ring ceuse given in	Part I. 24e	. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
6 G	DICA	ACRIC STEN			1/15-2		10	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	Σ	METABOLK /	ACIDOSIS					- 0	1 YES 2 NO	
Law law	AN	25. WAS CASE REFERRED TO MEDICAL	INTARCTION							
VITAL JIAN: The law rifficate has 1 e State Dept or Item 23	SICIAN:	EXAMINER?	HOSPITAL: OTHER:							
OF PHYSIC this ce with th	ву рну	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF WORK? M 1 YES 2 NO			INJURY AT WORK?		BE HOW INJURY OCCUP	RED	
DIVISION OR ATTENDING IS DIRECTOR: After hours after death item 28 is man	ETED B	2 Accident 3 Suicide 4 Nomicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
	COMPLE		BICIAN: To the best of my kno						cause(s) and manner as stated.	
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: II	BE	296. SIGNATURE AND TITLE OF CERTIFIE		F. Kone	mo	29c. LICENSE NUI			SIGNED (Month, Day, Year)	
E E Q	0	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type		Touse	Hop.	as blocame	BALAMORE MO	
		31. JUE ILED (North BYOZO)	32. REGISTRAR'S SIG	MATHRE	7	Junes	1101111	1 1 DE 1118	Li av y	
			Fulla Davidson 1	hodese		11.0				

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle, I	A /	PAY	111=	2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATN				
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7 / 2 . 7. DATE OF BIRTN	8. BIRTHPLACE (State of Foreign				
213-149531	1 - M 2 - 7	. /	NTHS DAYS HOURS MIN.	(Month, Day, Year) 5 23 20	MAY UMM				
9e. FACILITY NAME (If not institution,	ive street end number)	91	CITY TOWN OR LOCATION OF	DEATH 17 9c. C	OUNTY OF DEATH				
RESIDENCE OF DECEDEN			OHIIImore	City					
RESIDENCE OF DECEDEN 10a, STATE 10b. CO	UNTY	10c. CITY, T	OWN OR LOCATION	,	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
100. STREET AND NUMBER	,	1. 2	101. ZIP CODE	10g. (CIFIZEN OF WHAT COUNTRY?				
11. MARITAL STATUS	12. WAS DECEDENT EVER I	4UL.	2122	PANIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian,				
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, specify Cubarr, Mexi 1 YES 2 NO Spe	Ican, Puerlo Ricen, etc.)	Black, White, atc.				
15. DECEDENT'S (Specify only highest		16a. DECEDENT'S USI	done during most of working	16b. KIND OF BUSINESS/	INDUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)	itte. Do NOT use re	emakeu						
17. FATHER: MAME (First, Middle, Las.	50.11	1	18. MOTHER'S	NAME (First, Middle-Meiden Surname	4				
190 INFORMANT'S MANE ChrosPrint	2011	19b. MAILING AD	DRESS (Street end Number or Run	al Bruthe Mumber	on to				
2 mr Julius	PAYNE	2560	t dmon	Son Ace. 1	Ballo Ind 210				
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3	Removal from State 201	D. PLACE AND DATE OF O	DISPOSITION (Name of	ATE 20c. LOCATION	- City or Town, State				
4 Donation 5 Other (Specify) 21. AIGMATURE OF FUNERAL SERVICE		ring 1	22 NAME AND ADDRESS OF	Myse Full	IN Hone				
Joseph	L. Kless		2020	Vorth Aug	BAK GN/210				
23. PART I. Enter the diseases, shock, or heart fail	23. All I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line.								
IMMEDIATE CAUSE (Final disease or condition	IMMEDIATE CAUSE (Final Onset and Da								
resulting in death)	DUE TO (OF AS	A CONSEQUENCE OF):	/ cur con		1 We				
Sequentially list conditions,	1/wer Corcinous								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	- SUNDERGE OF);							
that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
0 =	d.	had mad married at 1 .							
PART II. Other aignificant cond	contributing to deeth t	out not resulting in t	ne underlying cause given i	in Part i. 24s. WAS AN AUTOPS PERFORMED?	. AMAILABLE PRIOR TO COMPLETION OF CAL				
WED		-10-10-1		TO TES 2 THO	OF DEATH?				
			1 1						
EXAMINER?	HOSPITAL:		28. PLACE OF DEATN (THER: Nursing Home 5 Residence						
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT WORK?	28d. DESCRIBE NOW INJURY	OCCURED				
2 Accident Investiger	28e. PLACE OF INJUR	Y At home, farm, street	M 1 YES 2 NO	281. LOCATION (Street and Num	nber or Rural Route Number.				
4 Homicide determine	building, etc. /Soe	ocify)		City or Town, State)					
(Check only				lue to the cause(e) and manner ee					
		on end/or investigation, is		the time, date end piece, end due to					
8	Jamel	MI	29c. LICENSE N	29d. E	DATE SIGNED (Month, gay, Year)				
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri		1					
31. DATE FILED (Month, Day, Year)	A 32. REGISTRAR'S SIGN	NATURE	216 Maio	Ven Chorie	Bull MA				
JUL 1 5 1994	July Danison Ron	and.							

13:40

10d. INSIDE CITY LIMITS?

Mo

Approximete interval Between

Onset and Death

AVAILABLE PRIOR TO

1 YES 2 NO

COMPLETION OF CAUSE OF GEATH?

1 -YES 2 NO

REG. NO

Item20a,b,c,Film714,7/14/94,1t
FOR STATE OF MA

1. DECEDENT'S NAME (First, Middle, Lest)

9
9
376
687
9
\sim
ВОХ
B
ш
Ö
٠.
α.
S
07
œ
$\overline{}$
0
\circ
ECORDS
-
ш,
AL
=
Q.
⊢.
-
>
11
5
0
_
Z
0
$\overline{\mathbf{C}}$
70
U)
NISI(
0

2. DATE OF DEATH MONTH SHERMAN AAROM PURIVANCE 7 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 30 213865600 (Month, Day, Year) 5-22-1 M 2 - F DAYS HOURS PARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MERCY RESIDENCE OF DECEDENT DIRECTOR JALTIMORE 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE hours after death, Page 6 may be retained by the hospital or attending physician. so in by the funeral director, page 5 should be detached for use as the bunial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 424 21205 14VE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or Not4. RACE — American Indian, Black, White, etc. 1 News Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES YES 2 PATO Specify: BY Specify 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) DISABILITY 17. FATHER'S NAME (First, Middle, Last)
SHERMAN 16. MOTNER'S NAME (First, Middle, Maiden Surname) Ħ HESLE BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1424 ASHLAND AVE BALTE MAD 90 20b. PLACEAND DATE OF DISPOSITION (Name of Cemetery 20e. METNOD OF DISPOSITION OATE 20c. LOCATION - City or Town, State 94 BALTS Co. Ma must enmount Ceme Donation 5 Other (Specify) the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SUSTAIN LI RUGE Ru Joseph JIZZW. NORTH AUN BALTURADZIZIK n by the removal. 20 completely filled in by 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fallura. Llat only one cause on each line. cremation, or IMMEDIATE CAUSE (Final disease or condition resulting in death) SEPSIS with event, DUE TO (OR AS A CONSEQUENCE OF) executed to burial, AIDS traumatic CERTIFICATION and Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING attending physician 20 Mental Hygiene prior Failurer RenAC hronic law requires that the death certificate CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, signed by the a Health and Men PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? any 1 YES 2 TNO shows a 6 certificate has been DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES [] NO [] PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) The item State **EXAMINER?** HOSPITAL: OTHER 1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: the 6 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, with this 1 Natural DIRECTOR: After the hours after death with the bound of t 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — Al home, larm, atreet, lactory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL O
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If its 2 MEDICAL EXAMINER: On the beals of a d/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TIPLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE /cua 121262 mn 7/15/94 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) PAUL Maden Turer 716 Chace Balt. MD 21224 6942 31. OATE FILED (MONTY Day, 1945) 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

. 50

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with four siter death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

4 DECEDENT'S MATER WILL AND A		CERTIFIC	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last	Pr	octor			2. DATE MONT		2-17	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 579-54-8887			IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont)	OF BIRTH	16	8. BIRTH	PLACE (State or Foreign
9e. FACILITY NAME (If not institution, give			b. CITY. TOWN (OR LOCATION OF D		2,190	9c. COUN		
Charlestown Re				sville	LATIT		Bal		
RESIDENCE OF DECEDENT							Dai	CIIII	ore
10a. STATE 10b. COUN			TOWN OR LOCAT						10d. INSIDE CITY LIMITS?
MD Bal	ltimore	Cat	onsvi						1 VES 2 NO
719 Maiden Cho	nico Lano			21228				EN OF W	HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVEN I	N II S ARMEO		ENDENT OF HISPA	NIC OBION	12 (Sanath, Van			— American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ocify Cuban, Mexic	an, Puerto		or No-	Black Specif	, White, atc.
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S US	SUAL OCCUPATION	ON	16b	. KIND OF BUS	INESS/IND	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use r	k done during mo retired.)	st of working					
12		Housew	ife			Hous	seho	ld	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Surname)		
Harry Anders					_	Dern			
19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural					
Joseph L. Proc				Choice					
1 Regulat 2 Cremation 3 Reg	moval from State COF	b. PLACE AND DATE OF metery, crematory or other	r place)		OAT		ATION — C		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BETWEEN	CENSEE	aldwin M	em. U	M. CE	em.	M:	ılle:	rsv	ille, MI
Apple	US ROM	4	Hard	esty Fu	nera				MD 2140
Sequentially list conditions, if any, leading to immediate	b. The DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):		5'0 m					
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	CV								
CAUSE (Disease or Injury that initiated events	d. C V		tha underlying	g cause given in	Part I.	24a. WAS AN PERFORI	MED?	24b.	AWAILABLE PRIOR TO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the conditi	d. C V					PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions the significant co	ona contributing to death the	but not resulting in	26. PL OTHER:	ACE OF DEATH (C	heck only or	PERFORI 1 YES 2	MED?	24b.	COMPLETION DF CAUS OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	na contributing to death to the contributing to the co	petient 3 DOA 4	26. PL OTHER: Nursing Hom OF 28c INJ	ACE OF DEATH (C	heck only or	PERFORI 1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Out	but not resulting in	26. PL OTHER: Nursing Hom OF 28c. INI W	ACE OF DEATH (C)	heck only or	PERFORI 1 YES 2 e) r (Specify)	MED?		AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Out	petient 3 DOA 28b. TIME 6 INJUR	26. PL DTHER: Nursing Hom V W M 1 1	ACE OF DEATH (C. 5 Residence URY AT RK? /ES 2 NO	6 Other 28d. OES	PERFORI 1 YES 2 e) r (Specify)	MED?	URED	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 VES 2 (())NO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 ER/Out 26a. QATE OF INJURY (Morth, Day, Year)	petient 3 DOA 4 28b. TiME c injury Y — At home, farm, strectly)	26. PL DTHER: Nursing Hom OF 28c. INJ WO M 1 1 1	ACE OF DEATH (C) 5 Residence URY AT RK? (ES 2 NO	6 Othe 28d. OE:	PERFORI 1 YES 2 (Specify) CRIBE HOW IN ATION (Street a or Town, State)	MED?	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 VES 2 DNO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 ER/Out 25a. OATE OF INJURY (Month, Day, Year) 25a. PLACE OF INJURY building, atc. (Spe	petient 3 DOA 4 28b. TiME c injury Y — At home, farm, strectly)	26. PL DTHER: Nursing Hom OF 28c. INJ WO M 1 1 1	ACE OF DEATH (C) 5 Residence URY AT RK? (ES 2 NO	6 Othe 28d. OE: 26f. LOC City e to the case a time, data	PERFORI 1 YES 2 F (Specify) CRIBE HOW IN ATION (Street a or Town, State)	MED? (I) NO IJURY OCC and Number of the the desired due to the 29d. DATE	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 PONO Oute Number, and menner as state. (Month, Day, Year)
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpetient 2 ER/Out 25a. OATE OF INJURY (Month, Day, Year) 25a. PLACE OF INJURY building, atc. (Spe	petient 3 DOA 4 28b. TiME c injury Y — At home, farm, strectly)	26. PL DTHER: Nursing Hom OF 28c. INJ WO M 1 1 1	ACE OF DEATH (C) e 5 Residence URY AT RK? /ES 2 NO end place, and du- eath occured at the	6 Othe 28d. OE: 26f. LOC City e to the case a time, data	PERFORI 1 YES 2 F (Specify) CRIBE HOW IN ATION (Street a or Town, State)	MED? (%NO JURY OCC Ind Number of the state of due to the	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 PONO Oute Number, and menner as state. (Month, Day, Year)

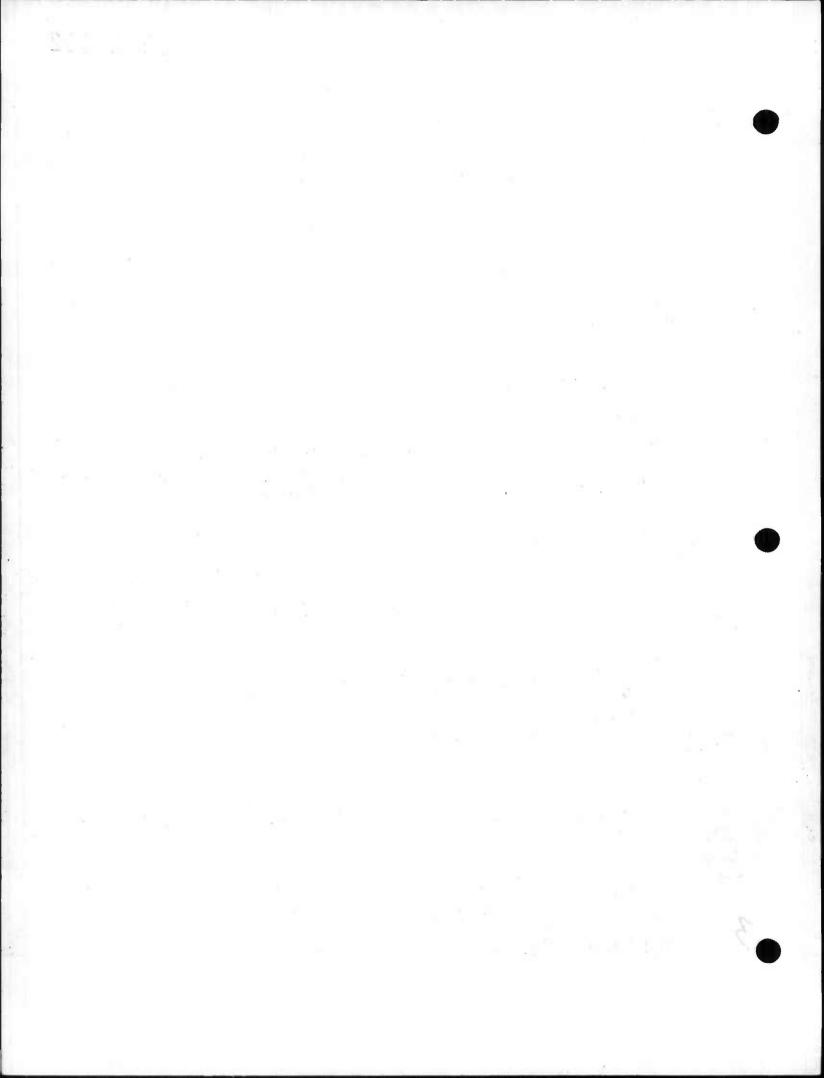
led by the hospital or attending physician. When the detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Ü	JSE		
5	Por		
5	pe		
Ē	ach		Ce.
2	ge Ge		9
5	8		7
5	Bud		led
0.00	S		듛
2	e 5		-
a	pag		Þ
-	ctor,		SIL
2	Sirec		F
	更		ine
The same	une		E
5	he f	10	9
5	7	9	ica
2	.=	r re	bed
ĺ	led	0,1	-
	ly fi	atio	\$
	lete	Lem Lem	Ħ,
2	dmo	I, c	Š
3	o p	uria	#C
3	3	20	E
3	iciai	10	2
5	Sylve	9	10
3	8	gien	6
	indi	Ť	6
3	att	mta	2
2	the state	ž	킅
í	5	and	À
2	Jued	atth	9
5	Sig	He	M
2	Deer	0	45
į	Se	Depl	23
2	te h	ate	E
	fica	St	=
1	Cert	the	. 0
-	his	WITH	ked
,	er 1	the safe	nar
	Aft	de	S
the state of the s	HECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	ffer	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	ES	2	E

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	BINSON		2. DATE OF DEATH MONTH D	2 199L)	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. 222-24-4283 1 \square M 2 \square XF 8.	2 YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-03-1	Coun	NPLACE (State or Foldign Cry) NNSYlvania		
TOR	99. FACILITY NAME (If not institution, give street end number) Good Samaritan Hospital RESIDENCE OF DECEDENT		timore Ci		9c. COUNTY OF	DEATH		
DIRECTOR	Maryland Baltimore	10c. CITY, TOWN OR Balti	nore Coun	ty-Rosed	ale	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 6600 Ridge road		101. ZIP CODE 2 1 2	37	United	WHAT COUNTRY? States		
B	11. MARITAL STATUS 1 Never Married 2 Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	∑NO III)	S DECENDENT OF HISPA rea, specify Cuban, Mexico YES 2X NO Specif	en, Puerto Ricen, atc.)	Blee	E - American Indian, ck, White, etc.		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	DECEDENT'S USUAL OCC (Give kind of work done du life. Do NOT use retired.) HOMEMAKET	UPATION ing most of working	16b. KIND OF BU	SINESS/INDUSTRY			
BE CON	17. FATHER'S NAME (First, Middle, Lest) Michael F. Riley		Misso	ME (First, Middle, Maiden UTI E. W	agner			
٥	Mary Ann Pierorazio	713 Fran	Street and Number or Rural Klin Ave.	Baltim	ore, MD	21221		
	20a, METHOD OF DISPOSITION VL) Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	CEAND DATE OF DISPOSITION OF CETAWN ME	morial Pa	rk 7/15	New Cas	tle, DE		
	Llegalith Selins		ME AND ADDRESS OF EA 11y & Zei 01 Easter					
	23. PART I. Enter the diseases, or complications that caused the shock, or heart failura. List only one cause on each I IMMEDIATE CAUSE (Final disease or condition resulting in daeth) DUE TO (OR AS A CON	na. Az Arri	ST			Approximete Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): ### DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other algorificent conditions contributing to death but not SIP CVA WITH RIGHT 6ANGREWYS //SCHEMI HYPERTENSION	1 HEMUPI	orlying cause given in	Part i. 24a. WAS AN PERFOI	RMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA 4 Nursin	26. PLACE OF DEATN (Cr.					
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation		Bc. INJURY AT WORK?	26d. OESCRIBE HOW	INJURY OCCURED			
ETED E	2 Accident 2 Accident 3 Sulcide 4 Nomicide 4 Nomicide 28. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, term, atreet, fectory, office City or Yourn, State)							
J-Man	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the best of examination and					(s) end manner es atated.		
IO BE	286 SIGNATURE AND TITLE OF CERTIFIER WAS P6 V - 3 30. NAME AND ADDITION OF PERSON WHO COMPLETED CAUSE OF DEATH (I		29c. LICENSE NUI	MBER 416	29d. DATE SIGNE	1 15, 1994		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	0/6000 8	AMBRITAN	HORP'L	OF M	ryans		
	JUL 1 5 1994 July Trick Rando	_				DHMN-16 Rav 1/89		



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with norms after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME				YGIENE EG. NO.			
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATN 7-11	-94 3. TIME OF DEATH		
1	MARY	ALICE RI	CE			MONTH	11 19	94 0150 AM		
			(In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS.				7. DATE OF BIRTH B. BIRTHPLAC			
	219 05 2073 19m. FACILITY NAME (If not institution, give stree	M 2 F 85	YRS. MONT		R LOCATION OF DE	2-13	Maryland TY OF DEATN			
FUNERAL DIRECTOR	Washington Coun	hington Co								
E S	10e. STATE 10b. COUNTY		toc. CITY, TOV	VN OR LOCATI	ON			10d. INSIDE CITY		
5	Maryland Washi	ngton_co	Hage	rstov	vn			1 YES 2 NO		
A	100. STREET AND NUMBER 14014	Marsh Pike			ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?		
5	Avalon Nursin	ng Home			21740			USA		
5		2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2			ENDENT OF NISPAR			14. RACE — American Indian, Black, White, etc.		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	No		2 NO Specif		, 616./	Specify: White		
	15. DECEDENT'S EDUCAT	ION I see	DECEDENT'S USUA	LOCCUPATIO	M	T 400 1000	05 011001500 1010			
E I	(Specify only highest grade cor	mpleted)	(Give kind of work de lile. Do NOT use retin	one during mos	t of working	10D. KINI	OF BUSINESS/IND	USTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Home	makeı	_					
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		Home	marce		ME (First, Middle	, Maiden Surneme)			
	Harry Rice						,			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	RESS (Street an	nd Number or Flural I	Route Number, C	ty or Town, State, Zip	Code)		
임	Melissa Penn		930B	Lanva	le St.	Hagers	stown, Ml	D21740		
	20s. METHOO OF DISPOSITION		E AND DATE OF DIS	POSITION (Nar		OATE	20c. LOCATION —			
	1 Donation 5 Other (Specify)		cremetory or other pla	ace)						
- 1	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Ronald War	de,Dir	22. NAME AN	D AOORESS OF FA	CILITYS ta	te Anat	omy Board		
	Connol- B &	500 L.7	<u></u>	655W:	Baltimo	oreSt,	Balto, M	1D21201		
0	23. PART I. Enter the diseases, or con	apilicatione that caused the	death. Do not er	nter the mod	le of dving, auc	h as cardiec	or reapiratory arm	est, Approximate		
	ahock, or heart failure. Lis	t only ona cause on each if	na.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Intarval Between Onset and Death		
	IMMEDIATE CAUSE (Finei disease or condition	1 tobulance	W Enil	10				Oriset and Usath		
	disease or condition resulting in death) a. Confinition one of factorial factors ONE HR ONE HR									
z	- Presiment									
은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONT	EQUENCE OF):							
S	cause. Enter UNDERLYING CAUSE (Disease or injury	Uno sepses						1 WEEK		
CERTIFICATION	that initiated events	DUE TO (OR AS A CONS	SEQUENCE OF):							
ER	resulting in death) LAST	Delgdrau	M.					I WEEK.		
	PART ii. Other aignificent conditions of	ontributing to deeth but no	t resulting in the	underlying	ceuse given in	Part i. 24a.	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
MEDICAL	A / /	elmers dem					PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
밀	Roma	el Factine		-		_ '	YES 2 TNO	OF DEATH?		
	DID TOBACCO USE C			EATH V	/ES [] N			T TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	ONIKIBOTE TO CA	NOSE OF D		YES N	ock only one)				
SIC		IOSPITAL: Inpetient 2 - ER/Outpetient		HER: Nursing Home	5 🗆 Residence	6 Other (Spe	icifv)			
훗	27. MANNEY OF DEATH	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	IRY AT		E HOW INJURY OCC	UREO		
ВУ	1 Natural 5 Pending 2 Accident Investigation	(MONIN, Day, Year)	INJUNT	d 1 □ Y	ES 2 NO					
ED	3 Suicide 8 Could not be	28s. PLACE OF INJURY — At building, atc, (Specify)	home, term, street,	factory, office		28f. LOCATION City or Tox		or Rural Route Number,		
	4 Nomicide detarmined					Gily or ion	in, otaley			
COMPLET	29a. CERTIFIER (Check only	N: To the best of my knowledge,	death occurred at t	he time, data	and place, and dua	to the cause(s)	and manner as state	ed.		
∑ O								e cause(s) and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER	0	1		29c. LICENSE NUI	MRER A	29d. DATE	E SIGNED (Month, Day, Year)		
BE	12500	2/2	Mb		p444	106	> -	7-11-94		
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Print)		10	7 h	1210 -	1/2 212/2		
	22PAR MMIK	MD 20311		ANS	4	Boon	SSOFO	MD 21713.		
	JUL 157993	AL HEGISTRAN'S SIGNATURE	e de							

burial-transit hospital or attending physician. **MARYLAND 21215-0020** use as the 10 detached urs after death. Page 6 may be retained by the 2 page 5 should BALTIMORE, funeral director, filled in by the posician and completely fille prior to burial, cremation, RECORDS, P.O. BOX 68760, death certificate be executed with the attending physician if Mental Physiene prior to requires that the

Pages 1. 2, 3 should

permit.

notified at 9 must examiner removal. medical 6 the event, traumatic other ě Injury. signed by the shows any ъ 23

marked

.00

28

DIRECTOR; After hours after de III

TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT De filed within 72 hours a IMPORTANT: If Item 2

OR ATTENDING

DIVISION

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH 2:42 2. DATE OF DEATH MONTY-12-94 Henry Rodman Rodman Earle Henry 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign (Month 2 Pay. 40) 54 DAYS HOURS 1 X M 2 | | YRS. 216-34-5934 N.C Se. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR JOHN HOPKINS HOSPITAL BALTO RESIDENCE OF DECEDENT 10d. INSIDE CITY
X LIMITS?
1 YES 2 NO 10e. STATE 10b. COUHTY 10c, CITY, TOWN OR LOCATION MD BALTO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21216 U.S.A. 1630 N. HILTON ST. APTA-3 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 Y NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES XIXHD Specify: 1 Never Married XX Merried Specify: BLACK BY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 15b. KIND OF BUSINESS/INDUSTRY COMPLET ry/Secondary (0-12) College (1-4 or 5+) CONSTRUCTION WORKER PAUL J. RACH CONST. 10TH 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE RODMAN ETHEL MAE MOORE BE 19e. INFORMANT'S HAME (Type/Print) 19b. MAILIHO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1630 N. HILTON ST APT A-3 BALTO, MD 21216 MARY RODMAN 20s. METHOD OF DISPOSITION

Graph Burlel 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) 20b. PLACE AHD DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE KING MEMORIAL PARK 71694RANDALLSTOWN, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSI 22. NAME AND ADDRESS OF FACILITY MARCH F/H-WEST 4300 WABASH AVE 23. PART I. Enter the bileases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betwe Onset and Death IMMEDIATE CAUSE (Final disease or condition 4 days sepsis reaulting in death) DUE TO (OR AS A CONSEDUENCE OF): acute renal failure 2 weeks CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING obstructive jaundice months CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST gallbladder cancer months PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO 1 YES 2 HO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 T NO 1 X Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 5 Other (Specify) 27 MANHER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. IHJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Hatural 5 Pending 1 YES 2 HD BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 251. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 💢 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER; OFT besis of exemination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated, 290. SIGNATURE AND THE OF CERTIFIER 29c. LICEHSE NUMBER 29d. DATE SIGHED (Month, Day, Year) BE Vile 1340117 7/13/5 2 30. HAME AHD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JUL 1 5 1994 , 32. REGISTRAR'S SIGNATURE i Dinden Ra



MAH	
BALTIMORE, MAR	
Č	
68760	
BOX	
P.O.	
ECORDS, P.O. BOX 68760,	

	REGISTRAR		CERTIFIC	JAIE UF	DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Leat)	Rey	Nold	9		2. DATE OF MONTH	DEATH	3.T	O 45
	4. SOCIAL SECURITY NUMBER 216-16-6960	5. SEX 8. AG		F UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De		S. BIRTHPLAC Country) VIRG	CE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give TANNS OF EVEK RESIDENCE OF DECEDENT	atreet and number)	/	BA	HIMOR	TH S	9c. COUN	TY OF DEATH	
DIRECTOR	10a. STATE 10b. COUNT	ΓY	10c, CITY,	TOWN OR LOCA	TION NORE/				. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	2525W.BE	VEDERS.	AVE		2121	5		EN OF WHAT	54
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s	CENDENT OF HISPANI pecify Cuban, Maxican S 2 M NO Specify:	, Puerlo Rice		Black, Wh	American Indian, ofta, etc.
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		Ille. Do NOT use	rk done during m retired.)	ON ost of working		D OF BUSINESS/IND		
COMPL	12 17. FATHER'S NAME (First, Middle, Last) DANTEL	REYNOLDS	RETIRA	ED		IE (First, Midd	VERSITY No. Maiden Surname)	HOS	SPITAL
TO BE	19a. INFORMANT'S NAME (Type/Print)	YNOLDS				oute Number,	REYNOLDS City or Town, State, Zip MD. 2122		
	1 Deurial 2 Cremation 3 Head 4 Donation 5 Deter (Speedy) 21. SIGNATURE OF FUNERAL SERVICE L 23. PART 1 Enter the diseases, or	ICENSEE AL	emetery, crematory or othe	ESTE 1300	P BROTHER EUTAW PI	S FUN	OWINGS ERAL HOME ALTIMORE,	P.A.	
1	shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. List offly one ceuse on	EVA A CONSEQUENCE OF):						Approximst interval Bet Onset and I
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	c	A CONSEQUENCE OF):						
MEDICAL	PART II. Other significant condition PVI)	d	but not resulting in	the underlying	ng cause given in i		a. WAS AN AUTOPSY PERFORMED?	AVA.I CON OF I	RE AUTOPSY FINI ILABLE PRIOR TO IPLETION OF CA DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou		OTHER	PLACE OF DEATH (Che		nec#d		
ву РНУ	27. MANNER OF DEATH 1 Returel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	Y 28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO		BE HOW INJURY OCC	URED	
9	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJUI building, etc. (S)	RY — At home, ferm, str pecify)	eet, factory, offi	ca		ON (Street and Number own, State)	or Rural Route	Number,
COMPLET	one)	SICIAN: To the best of my kno							l manner as sta
TO BE	296. SIGNATURE AND TITLE OF CERSION		Mo.		29c. LICENSE NUM	BER	29d. DATE	SIGNED (Mor	nth, Day, Year)
	30. NAME AND ADDRESS OF HERSON W	HO COMPLETED CAUSE OF I		27-41					
	1111 11-1-1-1	mun 7 Julia Sandon	77 Kenles	stown	#36	5			

DHMH-16 Rev 1/89

0	2	100	5
DIVISION OF VITAL BECORDS, P.O. BO.	in requires but the death certificate be	HyS.	ng 8
o	ĕ	9	ă
Ž.	8	ğ	ž
-	E	ŧ	칕
SC	3	£	옷
ä	£	ä	2
0	Œ		í
SI.	葛	p.	3
Æ	8	Ų,	⋗
3	٧Ł	9	Ì
4	E	-	6
Ξ.	N.	ficat	Sta
	S	ine	the
ō	₹.	Nis C	Alth M
Z	9	100	4
0	DIN	Aft	dea
S	TEN	DR:	fler
5	A	ECT	50
<u></u>	RO	PHO	hous
_	M	3AL	2
	SP	NEF	hin
	¥	3	*
	H	土	filed
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate the treet word by the attending physicia	2

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART	MENT OF H	IEALTH AND I	MENTAL HYGI				
	t. DECEDENT'S NAME (First, Middle, Last) Rhulchul 4. SOCIAL SECURITY NUMBER	L Rollins			2. DATE OF DEATH MONTH	DAY 0 - 94	3. TIME OF DEATH 2 P M			
COMPLETED BY FUNERAL DIRECTOR	213-70-0824	1)X M 2 🗆 F	7 YRS. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year	57	BIRTHPLACE (State or Foreign Country)		
	96. FACILITY NAME (If not institution, give street and number) 2516 Hartford Rd. Baltimore Baltimore City									
	MD Baltimore City Baltimore Baltimore					199	10d. INS LIM 1 🖼 YE			
	25/6 Hartford Rd, 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 2/Z/8 U.S.									
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, spec			ecify Cuban, Maxica	IDENT OF HISPANIC ORIGIN? (Specify Yes or No— Ify Cuben, Maxican, Puerto Rican, etc.) NO Specify: Black Specify:				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY									
BE COM	17. FATHER'S NAME (First, Middle, Lest), Edward Rollins	S		113	16. MOTHER'S NA	ME (First, Middle, Major	ign Surneme)			
TO E	190. INFORMANT'S NAME (Type/Print)	nes	196. MAILING A 2706	Hugo	Ave,	Batto,	Mod . 2			
	20e. METHOD OF DISPOSITION 1 Gurlei 2 Gremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other piece) 1 DATE 20c. LOCATION — City or Town, State cemetery, crematory or other piece) 20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery, Crematory or other piece) 20c. LOCATION — City or Town, State									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Dennis B. Cople 22. NAME AND ADDRESS OF FACILITY CAPLE FUNERAL SERVICE 4502 WINDER AVE. BALTO, MD 21215									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Batweet disease or condition resulting in death) a. Approximate interval Batweet Onset and Death Constant Con									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CE	PARAPLEGIA FROM SYPHILIS PERFORMED? I YES 2 THO COMPLETION OF COMPLETI						24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inputient 2 EN/Outpatient 3 DOA 4 Number Notes 5 Residence 6 Outpat (Check Only One)									
	27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF WORK? 1 Netural 5 Pending 28c. DATE OF INJURY (Month, Day, Year) 28b. TIME OF WORK? 1 YES 2 NO									
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — Al home, farm, street, lactory, office building, etc. (Specify) 28e. PLACE OF INJURY — Al home, farm, street, lactory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
TO BE O	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) D2766 7/13/94									
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, PHIN) MCAPUAUL JUHNS HOPKINS HOSPITAL BALTIMURE 21287 -									
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATU	RE				_			

BALTIMORE, MARYLAND 21215-0020

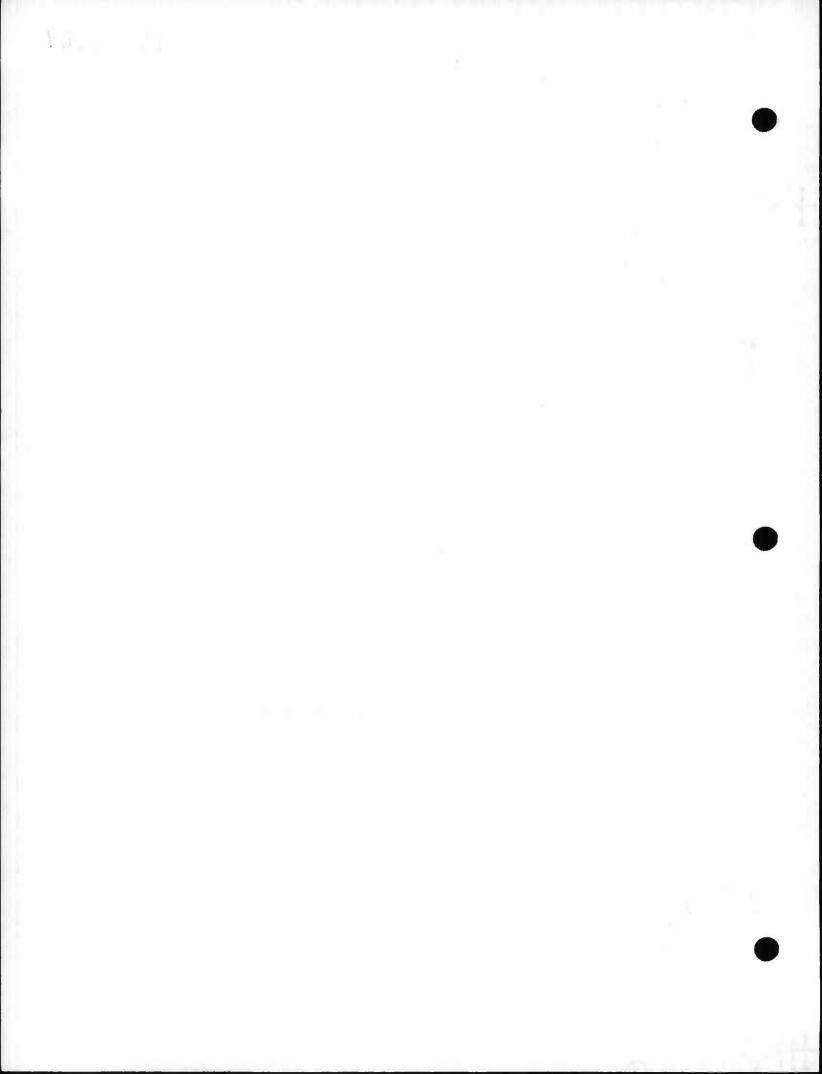
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. In hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

		0.	CIVIII	ONIL	PUEAIR	REG	. 140.			
1. DECEDENT'S NAME (First, Middle, Last)	0 1 1					2. DATE OF DEA	TH DAY	YEAR 3. 1	TIME OF DEATH	
Anna Sakellaris						July	July 13 94		9:00 P. M	
4. SOCIAL SECURITY NUMBER 218-68-8878	5. SEX 1 M 2 T F	6. AGE (In yrs. las	of birthday) YRS.	F UNDER 1 YE		7. DATE OF BIRT (Month, Day, Ye 1 1 / 1 / 1 (one)	Country)	CE (State or Foreign	
9a. FACILITY NAME (If not institution, give str	eet and number)			96. CITY, TO	WN OR LOCATION OF D					
				Reisterstown			_	Balto.		
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION			104	I. INSIDE CITY	
			Re	eister	stown		LIMITS?		LIMITS?	
				101, ZIP CODE			10g. CITIZEN OF WHAT CO		COUNTRY?	
							0.01.11			
1 Never Married 2 Married FORCES? 1 YES 2 X N				O If yes, specify Cuban, Maxica			n, Puerto Rican, etc.) Black, Wh		American Indian, nite, etc.	
3 Wildowed 4 Divorced				1 TES 2 NO Specify:				Specify:	White	
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(G	ive kind of v	vork done during	ATION most of working	16b. KIND 0	F BUSINESS/IN	DUSTRY		
Elementary/Secondary (0-12) College (1-4 or 5+)			Do NOT use retired.)			Owr	Own Home			
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, M	laiden Surname)			
John Iliadis					Sophi	a Angel	os			
19a. INFORMANT'S NAME (Type/Print)	Ja. INFORMANT'S NAME (Type/Print) 19th							, State, Zip Code)		
20g, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State Consistent Control of Contro				tory or other place)						
the second secon	INSEE	Gree	K UI	22. NAM	E AND ADDRESS OF F	ID/94 I	sdito.	MQ.		
* Know Calla	W Li			J						
23. PART i. Enter the diseases, of co	omplications that	caused the de	ath. Do n	ot enter the	mode of dying, suc	ch as cardiac or	reapiratory a	rreat,	Approximate	
DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, If any, leading to immediate										
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF	F):				i		
d										
PART II. Other significant conditions contributing to death but not res				suiting in the underlying cause given in Po				AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO	
						1 🗆 Y	ES 2 NO		MPLETION OF CAUSE DEATH?	
DID TORACCO LISE C	ONTRIBILITE	TO CALL	CE OE	DEATU	VEC [7] NI	_		10	YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
EXAMINER?	HOSPITAL: 1 Inpatient 2	ER/Outpetlant 3	□ DOA	OTHER: 4 Nursing	Home 5 Residence	6 Other (Specifi	y)			
27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED INJURY										
3 Suicide 8 Could not be 28e. PLACE OF INJURY — At hom building, atc. (Specify)			home, farm, street, factory, office 261, LOCA			261. LOCATION (S	OCATION (Street and Number or Rural Route Number, lity or Town, State)			
4 Homicide determined										
29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(s) and manner as stated.										
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)										
THE STORY AND TITLE OF BEST HELE	1	101			D 30	948	•	2/14	nth, Dey, Year)	
20. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS					948	•	7/14	194	
And 1.0	M.D.		No. C	Print) Charles		948	Su	7/14 ite 408	194	
	9e. FACILITY NAME (If not institution, give striction, give st	9e. FACILITY NAME (If not institution, give street and number) 12903 Gent Road RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. STATE 10e. STATE 10e. STREET AND NUMBER 12903 Gent Road 11. MARITAL STATUS 1 Never Married 12 WAS DECEDENT'S EDUCATION (Specify only highest grade completed) 13. DECEDENT'S EDUCATION (Specify only highest grade completed) 14. FATHER'S NAME (First, Middle, Last) 15. DOIN Iliadis 16. Informant's NAME (Type/Print) 17. FATHER'S NAME (First, Middle, Last) 19e. INFORMANT'S NAME (Type/Print) 10. Buriel 2 Cremetion 3 Removal from State 4 Donation 2 Other (Specify) 17. SIGNATURE OF PURERAL SERVICE UCROSE 23. PART I. Enter the diseases, of complications that shock, or heart failure. List only one caused in the shock, or heart failure. List only one caused in the shock, or heart failure. List only one caused in the shock, or heart failure. List only one caused in the shock, or heart failure. List only one caused in the shock, or heart failure. List only one caused in the shock, or heart failure. List only one caused in the shock, or heart failure. List only one caused in the shock, or heart failure. List only one caused in the shock, or heart failure. List only one caused in the shock, or heart failure. List only one caused in the shock, or heart failure. List only one caused in the shock, or heart failure. List only one caused in the shock, or heart failure. List only one caused in the shock, or heart failure. List only one caused in the shock, or heart failure. List only one caused in the shock, or heart failure. List only one caused in the shock of the	9a. FACILITY NAME (If on Institution, give street and number) 12903 Gent Road RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Balto. 12903 Gent Road 11. MARITAL STATUS 1 Never Married 2 Married 1 S. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) John Iliadis 19a. INFORMANT'S NAME (Type/Print) 10hn Sakellaris 20b. PLACE cometery, ore Gree 21. SIGNATURE OF PURERAL SERVICE Lick only one cause on each line IMMEDIATE CAUSE (Final diseases, of complications that caused the de ahock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final diseases or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DID TOBACCO USE CONTRIBUTE TO CAU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DAGO 27. MANNER OF DEATH Adatural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 4 Hoospital.; 1 Inpatiant 2 ERVOutpetiant 3 28a. PLACE OF INJURY — At he building, arc. (Specify)	9a. PACILITY NAME (If not institution, give street and number) 12903 Gent Road PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Balto. 11. MARTAL STATUS 11. Mover Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. DECEDENT'S EDUCATION (Give kind of vigical profile completed) 15. DECEDENT'S EDUCATION (Give kind of vigical profile completed) 17. FATHER'S NAME (First, Middle, Last) John Iliadis 19a. INFORMANT'S NAME (First, Middle, Last) John Sakellaris 20a, METHOD OF DISPOSITION 11. Burlial 2 Ceremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. BIGHATURE OF FUNERAL SERVICE LICE DESE 22. PART I. Enter the diseases, of complications that caused the death. Do respectively in the shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finst Instituted events resulting in death) DUE TO (OR AS A CONSEQUENCE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSES OF CAUSE OF CA	PRESIDENCE OF DECEDENT 10e. STREET AND NUMBER 12903 Gent Road 11. MARITAL STATUS 1 Never Merried 12 NAS DECEDENT SUBJECT OF NUMBER 12903 Gent Road 11. MARITAL STATUS 1 Never Merried 12 NAS DECEDENT SUBJECT OF NUMBER 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUR (Specify only highest grade completed) 17. FATHER'S MAME (First, Middle, Last) 190. I I I ad is 190. MAILING ADDRESS (Simples) 10 Not resemble of simples (specify) 11 Note algoriticant conditions 11 Note algoriticant conditions contributing to death but not resulting in the underly in the initiated events 10 Note of Oral As a Consequence of): 21 NAMEDIAL (Specify) 22 NAMEDIAL (Specify) 23 NAMER (Specify) 24 Natural (Specify) 25 NAS CASE REFERRED TO MEDICAL (Specify) 26 NATE OF INJURY (Morn, Day, Ner) 26 NATE OF INJURY (Norm, Day, Ner) 27 NAMER (Specify) 28 NALICH (Specify) 29 NALICH (Specify) 20 National Removal from State 20 National Removal from State 20 National Removal from State 21 National Removal from State 22 NAMER (Specify) 23 National Removal from State 24 National Removal from State 25 NAS CASE REFERRED TO MEDICAL (Norm) 26 NATE OF NUMPY (Norm) 26 NATE OF NUMPY (Norm) 27 NAMER (Specify) 28 NATE O	98. FACHLY NAME (In a institution, give street and number) 1.2903 Gent Road Reisterstown 1.2903 Gent Road Reisterstown 1.06. STATE 1.06. COUNTY Balto. Reisterstown 1.06. CITY, TOWN OR LOCATION Reisterstown 1.07. ZITY come 2.07. ZITY come Location 1.07. ZITY come 1.08. CITY, TOWN OR LOCATION Reisterstown 1.06. CITY, TOWN OR LOCATION Reisterstown 1.06. CITY, TOWN OR LOCATION Reisterstown 1.07. ZITY come 2.07. ZITY come 1.08. CITY, TOWN OR LOCATION Reisterstown 1.06. CITY, TOWN OR LOCATION Reisterstown 1.07. ZITY come 1.08. CITY, TOWN OR LOCATION Reisterstown 1.08. CITY, TOWN OR LOCATION 1.08. CITY, TOWN OR LOCATION 1.08. CITY, TOWN OR LOCATION 1.09. CITY, T	98. PACLITY NAME (FOR INSTITUTION OF EXPERIMENT CONCESS.) 98. PACLITY NAME (FOR INSTITUTION OF EXPERIMENT SHOPE AND NUMBER 12903 Gent Road 12903 Gent Road 12903 Gent Road 12903 Gent Road 12903 Gent Road 12903 Gent Road 12903 Gent Road 13. SPECEDENT SHOPE AND NUMBER 12902 GENT FOR IN U.S. ARMED 10. ZP CODE 21136 14. MARTAL STATUS 15. DECEDENT SEQUENTION (SPECIAL PRINTING AND ADDRESS (STREET AND ADDRESS (STREET AND ADDRESS (STREET AND ADDRESS (STREET AND ADDRESS (STREET AND ADDRESS (STREET AND ADDRESS (STREET AND ADDRESS STREET AND	8e. COTY, TOWN OR LOCATION OF DEATH 12903 Gent Road Restricted to State and Numbers 1	## AFRICIATY MADE (for alteration) give about and number) 12903 Gent Road ## Reisterstown	



0	
320	
$\ddot{\circ}$	
007	
7	
LO	,
-	
Ò	
-	
212	
\Box	1
=	
4	
LAN	
i	
MARYL	
-	1
UL.	
A	
-	1
<	
	i
ш	
LIMORE	A A A
~	
\cup	4
5	
_	

Pages 1, 2, 3 should

IECORDS, P.O. BOX 68760,

DIVISION OFVITAL	TO THE HOSPITAL OR ATTENDING PHYSICAL TO	THE FUNERAL DIRECTURY ATTENTION CONTICORD THIS	filed within 72 hours after death with the Shawering	MPORTANT: If Item 28 is marked, or Item 23
	2	5	2	Ξ

JUL 15 1994

32. REGISTRAR'S SIGNATURE Davidson

or attending physician.	INRECTION ARE THE CONCENTED TO SIGNED BY the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.		
by the hospital	be detached fi		at once
y be retained	page 5 should		be notified
th. Page 6 ma	neral director,		miner must
ours after deal	f in by the fun	or removal.	nedical exa
ed within	MRECTURATE THE COMPLETE THE STATE THE SIGNED BY THE Attending physician and completely filled in by the	il, cremation,	and the market, or less 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ate be execut	hysician and c	prior to buria	or traumatic
death certific	e attending p	fental Hygiene	ury, or othe
quires that the	n signed by th	Health and I	ows any in
-	m his		tem 23 sh
PHYS DAR	mis centro	Septiment of the Party of the P	rked, or I
ENDING	CTURY After	after death	28 is ma
38	IRE	SUL	8

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HRP ONA T YEAR ROUD 312 JULY ... M 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. (Month, Day, Year) 2-14-01 238-56-92 HOURS 1 M 2 W I YRS. 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH West North Ba Himore DIRECTOR Baltimore (ounty RESIDENCE 10c. CITY, TOWN, OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? Baltimor MD Baltimore YES 2 NO FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21223 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No It yes, specify Cuban, Mexican, Puerto Rican, stc.) 1 Never Married 2 Married 1 TES 2 NO Specify Black BY 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

HOUSEK'eeper 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high /Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) Adolphus Mary o-yes B 19a ANFORMANT'S NAME (Type/Print) 2 Vivian Farrow 20a, METHOD OF DISPOSITION

1 X Burial 2 Cremation 3

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Nat 22. NAME AND ADDRESS OF FACILITY
Gary P. March
270 Fred Hilt 21. SIGNATURE OF FUNERAL SUMPLE LICENSEE Funeral Home Pass Hilton 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or near failure. List only one cause on each line. Approximate Interval Batween IMMEDIATE CAUSE (Final Onset and Death SUSPECTED disease or condition MIN resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditiona, DUE TO (ON AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL PNEUMONIA 1 YES TO OF DEATH? 1 | YES 2 100 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetiant 2 ER/Outpetient 3 DOA OTHER 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, tarm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide detarmined 29e. CERTIFIER CERTIFYING PHYSICIAN: To the of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the on and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) DULY 12,99 2 WHO COMPLETED CAUSE OF DEATH (ITEM AT) (Type, Print) 30. NAME AND ADDRESS OF PER

30.

. . .

.

0 11

D.

~	
~	- 2
Α.	45
17	- 2
	. 22
1.0	100
	-
N	0
BAL I IMURE, MARYLAND 21215-0	e executed within fours after death. Page 6 may be retained by the hospital or attending
Z	hos
es -	63
7	6
	3
~	70
-	9
Œ.	- 78
=	- 43
2	-
3.	ă
-	2
r	E
5	10
_	-
5	- 8
	Ta.
_	0
_	2
_	120
R	0
-	0
10	占
	-
	6,
	-8
	и.
	.4
-	£
٠	.2
D	-
-	8
O	5
~	ᇴ
_	ວ
14 68/6U	63
-	62

TO THE CONTRACT OF TAKEN THIS certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be minim 72 from after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	Middle, Last)								2. DATE OF DEATH	AV	RASY	3. TIME OF DEATH
		ROBERT	H. SNY	DER				12		,199	94	9:00 p
4. SOCIAL SECURITY NUMBE	8	6. SEX	6. AGE (In yrs. In		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		B, BIRTH Count	IPLACE (State or Foreign ry)
216-07-977	A	XXM 2 F	74	YRS.					OCT. 12,1			YLAND
96. FACILITY NAME (If not inst							OR LOCATIO				NTY OF D	
4204 DARL		RUAD				PER	RY H	ALL		BF	TLIT	MORE
	10b. COUNTY			10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?
MD.	BAI	TIMORE		PERRY HALL							1 TES 2 NO	
10e. STREET AND NUMBER				101. ZIP CODE					IZEN OF V	N OF WHAT COUNTRY?		
4204 DARL	EIGH							212			U.	S.A.
11. MARITAL STATUS 1 Never Married 2X h 3 Widowed 4 Divorce	FORCES? 1 X YES 2 NO If yes, specify Cuban, Mexican, Puerto Ri					n, Puerto Rican, etc.)	, Puerto Rican, etc.) Black, White,					
	DENT'S EDUC		16a. D	ECEDENT'S Give kind of w	USUAL O	CCUPATIO	ON ost of working	a	16b. KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-1	12)	College (1-4 or 5		CONTF	e retired.)		of or working		01	NN B	USI	NESS
17. FATHER'S NAME (First, Mid ROBERT HA	Annie .	SNADE	D						ME (First, Middle, Melder TINA HAM		,	
19a. INFORMANT'S NAME (7/1		DAIDE		9b. MAILINO	ADDRESS	S (Street			Route Number, City or Toy			
ANNA THER	- NAME	SNYDER							D, PERRY			D.21236
29s. METHOD OF DISPOSITION	N 3 Pamo	val from State		AND DATE O			eme of		DATE 20c. LC	CATION -	City or To	own, State
4 Donation 5 Other (Specify)			N MT	. C	REM	ATOR		/9/94 B	ALT]	MOR	E,MD.
21. SIONATURE OF FUNERAL	SERVICE LICI	EDISON	M.PER	KTNS	22. B	NAME A	ADDRES	ASH	TON FUNE	RAT.	ном	E TNC-222
Ednor U	12	kins	D 00						SPRING			
Sequentially list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injurthat initiated events resulting in death) LAST	late IG y			A CONSEQUENCE OF): A CONSEQUENCE OF):								
		. contabulton to	1 -11 1 - 1									
PART ii. Other algnifican	conditions	contributing to	death but not	resulting i	n the ur	nderlyin	g cause g	lven in	Part I. 24a. WAS AF PERFO	RMED?	246	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART ii. Other significan	t conditions	contributing to	death but not	resulting i	n the ur	nderlyin	g cause g	lven in	PERFO	RMED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other significant		contributing to	death but not	resulting i	n the ur				PERFO	RMED?	248	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHE	26. P	LACE OF DE	EATH (Ch	PERFO	RMED?	246	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 P	MEDICAL		☐ ER/Outpatient	3 DOA	OTHE1	26. PR: raing Hore 28c. IN.	LACE OF DE	EATH (Ch	PERFO	AMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 P 2 Accident ir 3 Suicide 6 C	MEDICAL	HOSPITAL: 1 Impetient 2 28a. DATE Of (Month, L) 28a. PLACE O	☐ ER/Outpatient	3 DOA	OTHE1 4 Nur E OF URY	26. PR: raing Hon 28c. IN. W(LACE OF DE	EATH (Ch	eck only one) 6 Other (Specify)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 P 2 Accidem ir 3 Suicide 6 C 4 Homicide d	MEDICAL ending envestigation could not be entirelined	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month. L 28a. PLACE (building.)	ER/Outpatient INJURY lay, Year) FINJURY — At I etc. (Specify) my knowledge, 6	3 DOA 28b. TiMiliNJI	OTHET 4 Nur E OF URY M street, fact	26. PR: rsing Hon 26c. IN. W(1 interpretation, date	LACE OF DE 5 Re: URY AT ORK? YES 2 Es	EATH (Chi	PERFO t YES t YES t YES t YES to ther (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State to the cause(s) and ma	RMED? NO INJURY OC and Number	r or Rural .	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 P 2 Accidem ir 3 Suicide 6 C 4 Homicide d	MEDICAL ending envestigation could not be entimed FYINO PHYSIC AL EXAMINER	HOSPITAL: 1 Inpatient 2 28e. DATE Of (Month.) 26e. PLACE (building.) CIAN: To the best of a: On the bests of a	ER/Outpatient INJURY lay, Year) FINJURY — At I etc. (Specify) my knowledge, 6	3 DOA 28b. TiMiliNJI	OTHET 4 Nur E OF URY M street, fact	26. PR: rsing Hon 26c. IN. W(1 interpretation, date	LACE OF DE 5 Re: URY AT ORK? YES 2 Es	EATH (Chi sidence] NO end due	eck only one) 6 Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State to the cause(s) and mattime, date and place, a	and Number	r or Rural . ted. the cause(AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 P 2 Accident Ir 3 Suicide 6 C 4 Homicide C 29e. CERTIFIER 1 CERTIFIER	ending ending ensitigation could not be estimined FYINO PHYSIC CAL EXAMINER	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, L) 28a. PLACE C building, CIAN: To the best of a	ER/Outpatient INJURY Ley, Year) FINJURY — At I etc. (Specify) I my knowledge, i xxamination and/o	3 DOA 28b. TIMI INJI nome, term, a feeth occurrer investigatio	OTHEI 4 Nur E OF URY M street, tect	26. PR: rsing Hon 26c. IN. W(1 interpretation, date	LACE OF DE ne 5 Re: JURY AT JYES 2 Re: s and place, death occurr	EATH (Chi sidence] NO end due	eck only one) 6 Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State to the cause(s) and mattime, date and place, a	and Number	cured or Rural .	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 P 2 Accident if 3 Suicide 6 C 4 Homicide 6 298. CERTIFIER 1 CERTIFIER MEDIC 29b. DOMATURE AND TO E	MEDICAL ending nvestigation could not be estimated FYINO PHYSIC CAL EXAMINEF PERSON WHO	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month. L 28a. PLACE C building. CIAN: To the best of a	ER/Outpatient INJURY Ley, Year) FINJURY — At I etc. (Specify) I my knowledge, axemination and/o	3 DOA 28b. TiMiliNJi nome, term, a death occurre r investigatio	OTHE: 4 Nur 4 Nur E OF URY M street, tect	28. PFR: rsing Hon 28c. IN. tory, office time, date	LACE OF DE S Re. URY AT PRK? YES 2 Es and place, death occur	EATH (Chi	PERFO t YES t YES t YES t YES t YES to ther (Specify) 2ed. DESCRIBE HOW 2ef. LOCATION (Street City or Town, State to the cause(e) and matima, data and place, a	INJURY OC and Number and es stand due to the stand s	r or Rural . the cause(AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Route Number, s) and manner as stated. O (Month, Day, Year) 9,1994
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 P 2 Accident 5 C C 3 Suicide 6 C C 4 Homicide C 29a. CERTIFIER 1 CERTIFIER 1 DEATH	MEDICAL ending nvestigation could not be estimated FYINO PHYSIC CAL EXAMINEF PERSON WHC NANDE	HOSPITAL: 1 Inpetient 2 28e. DATE Of (Month. L 28e. PLACE Coulding. CIAN: To the best of a completed CAU COMPLETED CAU	ER/Outpatient INJURY Ley, Year) OF INJURY — At I etc. (Specify) Imp knowledge, xamination and/output 9660 AR'S SIGNATURE	3 DOA 28b. TIMI INJI nome, term, a feeth occurrer investigatio	OTHE: 4 Nur 4 Nur E OF URY M street, tect	28. PFR: rsing Hon 28c. IN. tory, office time, date	LACE OF DE S Re. URY AT PRK? YES 2 Es and place, death occur	EATH (Chi	eck only one) 6 Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State to the cause(s) and mattime, date and place, a	INJURY OC and Number and es stand due to the stand s	r or Rural . the cause(AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Route Number, s) and manner as stated. O (Month, Day, Year) 9,1994



		rmit. Pages 1, 2, 3 should
215-0020	attending physician.	se as the burial-transit pe
BALTIMORE, MARYLAND 21215-0020	ed with hours after death. Page 6 may be retained by the hospital or attending phys	completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
BALTIMORE,	s after death. Page 6 may be	by the funeral director, page
8760	uted with hour	completely filled in

RECORDS, P.O. BOX 68760

æ	
7	1
7	
ō.	
Z	
0	
S	
≥	

	2	SA		
	ital	ğ		
	osp	chec		eš.
	he	deta		000
	by th	9		15
	ped	pine		Pe
	etair	턍		1
,	be	50		9
	Hay	Pa		t p
	9	Ctor		SE L
	age	ģ		9
	th.	heral		Ē
	dea	E fu	-	exa
	after	y th	TOVA	cal
	SID	d F	r ren	pe
	9	lied	0,	E
	4	tely fi	natio	€.
	TO THE MOSPITAL OR ATTENDING INTERIOR IN REQUISES that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After many and make the properties of the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death and meeting of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	cute	00 p	urial	tic
	ехе	nan n	to b	ша
	e pe	siciar	rior	trau
	ficat	ρķ	ne p	Je.
	certi	ling	ygie	ŧ
	ath	ttend	E H	0
•	e de	he a	Ment	Ę
	at th	3	and	y in
	is th	paul	att	an s
	quire	Sign	He	OWI
	rel	lee lee	H. OI	s sh
١	÷	V.	Dec	1 23
	ē	S	ĕ	iten
	ð.	팊	ŧ	10
	S	峭	anth-	ked,
	10	ter #	ath	пап
	NON	R. At	op J	89
	TE	900	afte	28
	OR A	DIRE	SOURS	Tem
	M	AL	72 h	=
	SPI	NER	thin	Ë
	E HG	F	1 wil	ATA
	H	H	filec	2
	2	2	8	Ξ

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	ATE O	F DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Steph	en Ir	ader			2. DATE OF MONTH	OEATH DAY	YEAR	3. TIME OF DEA	ATH	
	Steph	en		77.70	ador		July		1994	5:10	A M	
- 1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest b		THE DAY		7. DATE OF I	BIRTH IV. Xher) 1 0 0	8. BIRTH	HPLACE (State or I	Foreign	
	220-28-1386	1 X M 2 D F	58	YRS.	UAY	NOOMS WIN.	NOV.	r6°;193	5 MA	ARYLAND		
	9e. FACILITY NAME (If not institution, give a	treet and number)		9b.	CITY, TOW	N OR LOCATION OF D	EATH	9c.	COUNTY OF E	EATH		
DIRECTOR	MARYLAND GENERAL	HOSPITAL			BALT	MORE			N/A			
ᄗ	10a. STATE 10b. COUNTY	1		10c. CITY, YO	WN OB LO	CATION				10d, INSIDE CIT	104 INCIDE CITY	
Ĕ	MD N/				IMORE					LIMITS?		
	10e. STREET AND NUMBER	**		DALL	Inoid	101, ZIP COOE		100	CITIZEN OF	YES 2 WHAT COUNTRY?		
2	504 CHATEAU AVENU	E				21212		103	U.S.A			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARME	D	13. WAS [DECENDENT OF HISPA	NIC OBIGIN? (S	inacify Yea or No		E — American Inc	tlan	
	1 Never Married 2 Married	FORCES? 1	YES 2 NO		If yes,	specify Cuban, Mexico	n, Puerto Rica		Blac	k, White, etc.		
BY	3 Wildowed 4 Divorced					'ES 2 NO Speci	γ.		Spec	BLACK		
ETED	15. OECEDENT'S EOU (Specify only highest grade		16a. DECE	DENT'S USU	AL OCCUPA	ATION most of working	16b. Kill	NO OF BUSINES	S/INDUSTRY	Duaca		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	o NOT use ret	ired.)	most of working						
COMPL		l yr.	UNI	T CLE	RK		UNI	VERSIT	Y HOSP	ITAL		
5	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Midd	lle, Maiden Surna	me)			
BE	ARCHIE TRADER						LONG					
0	19a. INFORMANT'S NAME (Type/Print)					et and Number or Rural						
	LAURA TRADER			_		AVE./BALT	'IMORE,					
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem	oval from State	20b. PLACE AN				DATE		N — City or To			
	4 Donetion 5 Other (Specify)	20000	ISRAEL	MEMO		CEMETERY		LAURE	TTA, M	D		
	21. SIGNATURE OF FUNERAL SERVICE LIC	21 00	1	,		AND ADDRESS OF FA						
	new	Malle	m			F. NORTH		Δτ.ͲΤΜΟΙ	RE. MD	21202		
	23. PART I. Enter the diseases, or o	complications that ca	used the deat	h. Do not a	inter the	moda of dying, suc	h as cardiac	or respirator	y arrest,	Approxim		
	shock, or heart failure. IMMEDIATE CAUSE (Final	List Dniy one cause	on each line.							Onset ar		
- 1	disease or condition resulting in deeth)		Carci	inoma	of	the Lun	o			6 mon	nths	
	resulting in death)	DUE TO (OR	AS A CONSEOU				0			U IIIO	irciis	
z	On any and the Man are a superior	b										
음	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEOU	ENCE OF):								
<u>5</u>	CAUSE (Disease or injury	с										
ERTIFICATION	that initieted events resulting in daeth) LAST	OUE TO (OR	AS A CONSEOU	ENCE OF):								
CER		d										
- 11	PART ii. Other significent condition	s contributing to dee	th but not res	ulting in th	ne underly	ring ceuse given in	Part I. 24	a. WAS AN AUTO		. WERE AUTOPSY	FINDINGS	
DICAL							Ι,	PERFORMED?		AVAILABLE PRIOR COMPLETION OF		
MED							''	_ 123 2 <u>2</u> <u>2</u> <u>1</u> 1	ĭ	OF DEATH?	NO.	
	DID TOBACCO USE	CONTRIBUTE 1	O CAUSI	E OF D	FATH	YES I NO				, [] , []		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	O CAUG	0. 0		PLACE OF DEATH (C)						
	EXAMINER? 1 TYES 2 NO	HOSPITAL: 1 Unpetient 2 ER	/Outpatient 3		HER:	lome 5 - Residence	8 Other (Sc	nec/fv)				
H	27. MANNER OF DEATH	28e. DATE OF INJ	URY :	28b. TIME OF		INJURY AT		BE HOW INJUR	Y OCCURED			
2	1 Netural 5 Pending Investigation	(Month, Day, Y	ear)	INJURY	M 1 [WORK? YES 2 NO						
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IN	JURY — At home	, ferm, stree	t, factory, o	ffice		ON (Street and No	imber or Rural	Route Number,		
3	4 Homicide determined	building, etc.	(Specny)				Gity or To	own, State)				
4	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my	knowledge death	n occurred at	the time of	ste and place, and du	to the council	a) and manner o	n stated			
COMPLE	(Check only one) 2 MEDICAL EXAMINE									a) end manner as	stated.	
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER									-		
片	Go ores Co)			291. LICENSE NU	10	294	7//	Morgh, Day, Year	'	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM :	27) (Type Prin	r)	010-1	0		710	174		
						1 11	1				ì	
	Dr. Georgia 31. DATE FILED (Month, Day, Year)	32- REGISTRAD'S	SIGNATURE		nera	I HOSDI	aı				-	
	JUL 15 1993	Julia oblive	un Paul	11								
		/.V.	THE RESERVE OF	49-								

01...

٠,,,

9

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 OFCEDENT'S NAME (First Middle Last 2. DATE OF DEATH 3. TIME OF DEATH MARGARE 14TH YJYOE 00 A H 1994 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MARYLAND 093-12-9099 1904 1 M 2 X XF 90 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH DIRECTOR GOOD SAMARITAN HOSP. BALTIMORE CITYn/a RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND n/a BALTIMORE 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 1544 SHERWOOD AVENUE 21239 UNITED STATES page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 12. WAS OECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 3 Widowed 4 Divorced Nover Married 2 Married Specify: BLACK BY ETED 15. OECEOENT'S EQUICATION 18a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INQUSTRY College (1-4 or 5+) LABORER COMPL n/a 17. FATHER'S NAME (First, Middle, Last)
DANIEL THOMPSON 18. MOTHER'S NAME (First, SADIE JOHNSON Ħ BE notified 19a. INFORMANT'S NAME (Type/Print E, BALTIMORE, MD# 2 BAKER JAMES 1544 SHERWOOD AVENUE, 39 death. Page 6 may be pe 20a METHOD OF OISPOSITION
↑ Division 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State must funeral director, ZION CEMETERY LANSDOWNE. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH AVE. been signed by the attending physician and completely filled in by the n.t. of Health and Mental Hygiene prior to burial, cremation, or removal. event, the medical 23. PART I. Enter the diseases, or complications that caused the deshock, or heart fellure. List only one cause on each line. ed the death. Do not enter the mode of dying, such as cardlec or respiratory arrest, Approximate IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) MALNUTRITION 2 WEEK DIVISION OF VITAL RECORDS, P.O. BOX 68760 OUE TO (OR AS A CONSEQUENCE OF): MEEKI EHYDRA traumatic CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING 2 WEEK CAUSE (Disease or Injury that initiated events resulting in death) LAST FAILURE SPIRATORY MEEK PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TES 2 NO OF GEATH? 1 ES 2 NO PHYSICIAN: has b 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) certificate to the State HOSPITAL: OTHER: 1 VES 2 nation 2 FR/Outpetient 3 DOA g Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO this c marked, 1 YES 2 NO BY 2 Colden Investigation 3 Suicide 28s. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined . TED 4 🔲 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To 2 MEDICAL EXAMINER investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. S 296. SIGNITURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 400 1414 7-6 1994 9 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) APPHAH-PIPPIM, GOOD SAMARITAN HOSPITAL, 5601 LOCH RAVEN BLY 21230

OHMH-16 Ray 1/89

11625 8.

use as the burial-transit permit. Pages 1, 2, 3 should DIRECTOR Dinai 0501 200 RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION FUNERAL 101. ZIP CODE 2// 10e. STREET AND NUMBER 6 War ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12/ WAS DECEDENT EVER IN U.S. AMMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 TES 2 NO Specify: ΒY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY mentary/Secondary (0-12) (Specify only highes (Give kind of work done life. Do NOT use retired.) the funeral director, page 5 should be detached for College (1-4 or 5+) eteria tra 17, MATHER'S NAME (First, Middle, Last) NAME (First, Ħ enei BE notified 19b. MAILING ADDRESS (Stre 9 and allstown, mod arden e bura rel pe METHOD OF DISPOSITION 200: PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION DATE must Burial 2 Cremetion 3 Removal from Stale Donallon 5 Other (Specify) examiner 22, NAME AND ADDRESS OF FACILITY Wabas 00 medicai 23. PART I Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or reepiretory errest, shock, or heart fellure. List only one ceuse on each line. filled in by 0 IMMEDIATE CAUSE (Finel cremation. event, the disease or condition Brarian physician and completely in the prior to burial, cremation resulting in death) WITAL RECORDS, P.O. BOX 68760 OUE TO (OR AS A CONSEQUENCE OF) other traumatic CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING death certificate be CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending p reaulting in death) LAST the aften PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the ЭПУ 1 TYES 2 NO Carte has been s PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 DAO ostient 2 - ER/Outpetient 3 - DOA 0 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, larm, street, lactory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Yourn, State) 95 8 Could not be COMPLETED 28 4 Homicide HOSPITAL OR 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my know riedge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. FUNERAL WITHIN 72 I 2 MEDICAL EXAMINER: On the basis of examiner TO THE HOSPITA
TO THE FLINERA
DE filed within 7
IMPOGRANT: I investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Hospital

Siver

whi Davids

32. REGISTRAR'S SIGNATURE

Malik

31. DATE FILED (Month, Day, Year)

JUL 1.5/1994

2/

5. SEX

1 - M 2 -F

21

6. AGE (In yrs. lest birthday)

60

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

9b. CITY. TO

DAYS

HOURS

NOR LOCATION OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER 224-38-4057

Haze

9e. FACILITY NAME (If not institution, give area and number)

94 20612

3. TIME OF DEATH

BIRTHBLACE (State or Foreign

10d. INSIDE CITY 1 YES 2 THO

Black

21133

Approximate interval Between

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TYES 2 NO

29d. DATE SIGNED (Month, Day, Year)

Belvedore @ Greenson

Onset and Death

ZYCATS

A

9c. COUNTY OF DEATN

10g, CITIZEN OF WHAT COUNTRY

•

14. RACE

REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTN (Month, Day, Year)

OHMH-18 Rev 1/89

21215

\$12

		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF H	EALTH AND I	MENTAL HYGIE		
		1. DECEDENT'S NAME (First, Middle, Last) ADRIAN P. TH	OMAS				2. DATE OF DEATH MONTH	DAY Y	3. TIME OF OEATH
		4. SOCIAL SECURITY NUMBER 216-84-6281	5. SEX 6. AGE (In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	13 94	4 4:45A M BIRTHPLACE (State or Foreign Countries)
3 should	Œ	9a. FACILITY NAME (If not institution, give sti			9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNT	Y OF OEATH
1. 2.	СТОВ	700 BLOCK OF	CHERRY HI	- T		MORE C	ITY		
Pages	DIRE	Md .			TOWN OR LOCAL				10d. INSIDE CITY LIMITS?
permit	- 1	10e. STREET AND NUMBER			Baltimo	I. ZIP CODE		10g. CITIZE	1 —YES 2 — NO
020 physician. burial-transit	FUNERAL	502 Seagul Av				21230			U.S.
215-0020 attending physician. se as the burial-trar	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	li yes, sp		NIC ORIGIN? (Specify in, Puerto Ricen, atc.)	fes or No 14	I. RACE — American Indian, Black, White etc. Specify: DLaCK
- 5 C	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12)		16a. DECEOENT'S (Give kind of life, Do NOT u	USUAL OCCUPATION Work done during mose retired.)	DN st of working	16b. KIND OF E	BUSINESS/INDUS	TRY
YLAND 2. by the hospital o be detached for at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	en Sumame)	
RYL ad by the	BE	Edward Frie	nd		-		s Thoma		
MAR retained to 5 should	2	190. INFORMANT'S NAME (Type/Print) Phyllis Thoma	S				Route Number, City or 1		
BALTIMORE, after death. Page 6 may be you the funeral director, page moval.		208/METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ramo	20b	PLACE AND DATE	OF DISPOSITION (NE		DATE 20c.	LOCATION - CIT	Mother yor Town, State
MOR age 6 may director, p		4 Donation 6 Other (Specify)	M	t. Aubi	arn Cem		7/16/94	Balto	o. Md.
ALTIMOF death. Page 6 m e funeral director, 1. examiner musi		21. SIGNATURE OF FUNERAL SERVICE LICE	I 1 1	-1	Wai Wai	nwright	Funera	1 Home	9
with hours aft with the photos aft cremation, or remover remt, the medical		23. PART I. Enter the diseases, or coshock, or heart failure. I immeDIATE CAUSE (Final disease or condition resulting in death)	list only one cause on a	the deeth. De ach line.	not enter the mo	de of dying, auc	Ison Ave has cardiec or rea	Ball	to Md 2122* Approximata Interval Between Onset and Death
P.O. BOX th certificate be exempting physician and Hygiene prior to or other traum	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		CONSEQUENCE O					
the d	AL CI	PART II. Other significant conditions	contributing to death b	ut not resulting	in the underlyin	g cause given in	Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
	MEDIC	DID TOBACCO USE	CONTRIBUTE TO	CAUSE O	F DEATH	YES NO		2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
F The Costs had be	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch			
SICIAN certific h the S	HYS	27. MANNER OF DEATH	1 inpatient 2 ER/Outp 28e. DATE OF INJURY	28b. TIR	4 Nursing Hom IE OF 28c. INJ	URY AT	6 X Other (Specify) 28d. DESCRIBE HON		
ON OF ON OF After this death with	ВУ Р	1 Natural 5 Pending 2 Accident triveatigation	(Month, Day, Year)	14 035	55" 10		Sw	5TEC	shot
TTEND TTOR: A after d	ETED	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	- At home, ferm,	-	•	281, LOCATION (Streetly or Town, Sta	et and Number or	Rurel Route Number,
로로	COMPL	one) 2 MEDICAL EXAMINER	NAM: To the best of my knowless of the basis of examination						ceuse(s) and manner as stated.
TO THE HOSPI TO THE FUNER TO Filed within	H	296. SIGNATURE AND TITLE OF CERTIFIER	2			O . C . I		29d. DATE S ▶ JU	SIGNED (Month, Day, Year) LY 13/94
2	2	30. NAME AND ADDRESS OF PERSON WHO	_			et, Bal	timore,	Maryl	and 21201
2		31. DATE FILED (Month, Day, 16ar) JUL 1 5 1994	32. REGISTRAR'S SIGN						
		- 0							

OTC:

BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the humanitanes. DIVISION OF VITATERECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICAM THE MINUTES BY BUILD THE BUNKRAI INSPIRED.

	1. DECEDENT'S NAME (First, Middle, Last) BERTHA			W.E	ENGER'	т		2. DATE	OF DEATH	y 0		3. TIME OF D	
	4. SOCIAL SECURITY NUMBER 220-22-3713	5. SEX 1 M 2 F	6. AGE (In yrs	. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH (30-19)		8. BIRTHE	VSYLV	r Foreig
TOR	96. FACILITY NAME (If not institution, give street and number) NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COURSIDENCE OF DECEDENT Oc. COUNTY OF DEATH A.A. COU											Y	
DIRECTOR	MARYLAND A	ANNE ARU		10c. CITY	GLEN		JRNIE					10d. INSIDE C LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER 612 A	QUAHART ROAI DAD	D				21061				U.S	A .	Y7
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	ARMED OF	If		NDENT OF HISPA offy Cuban, Mexic	en, Puerto		or No-	14. RACE Black, Specify	- American i White, etc. WHI	ndlen, TE
COMPLETED	15. DECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)			DECEDENT'S I (Give kind of w life. Do NOT use HOME	ork done du e retired.)	uring most	of working	166	OWN	HOM!			
E COMF	17. FATHER'S NAME (First, Middle, Last) JOSEPH		SC	CHULTZ			18. MOTHER'S NA	AME (First,	Middle, Malden				
TO BE	19a. INFORMANT'S NAME (Type/Print) FREDERICK W.	WENGERT	2.11	19b. MAILING	ADDRESS	612 / JHAF	AOUAHART ROAL	ROAD G	LEN B	, State, Zip C		D. 21	06
	20a METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		20b. PLA	CE AND DATE O	F DISPOSIT	TION (Nam	or 7/1	6 694		CATION — C		vn, State E / MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	complications that	t ceused the	death. Do n	1 S GLE	SECC EN E	ADDRESS OF FA OND AVE BURNIE e of dying, suc	ENUE, MA	, S.W RYLAN	Ď 21	061	Approx	cimate
ERTIFICATION	· / panil	a. MYO (DUE TO (DUE	CARDI (OR AS A CON (OR AS A CON (OR AS A CON BETE	ISEQUENCE OF	I S GLE ot enter the NFA	SECCEN E	OND AVE BURNIE of dying, suc T(ON NISE	ENUE , MA	, S.W RYLAN	Ď 21	061	Approx Interva Onset	imate I Betv
IN: MEDICAL CERTIFICATION	21. PART L Enter the diseases, okanosis, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions of the conditions	a. MYO (DUE TO (DUE	CAROLICOR AS A COP COR AS A COP COR AS A COP COR AS A COP COR AS A COP COP AS A COP	ISEQUENCE OF SOME SEQUENCE OF SOME SEQUENCE OF SOME SEQUENCE OF SOME SEQUENCE OF SOME SOME SOME SOME SOME SOME SOME SOME	I S GLE ot enter ti NFA NECO: NECO:	SECCEN F	DND AVIBURNIE of dying, such T(0) N(SEA	Pert I.	, S.W RYLAN	D 21	061 eat,	Approx Interva Onset	I Betve and E
MEDICAL	23. PART I. Ener the diseases, ok anothe, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions.	a. MYO (DUE TO (DUE	CAROLIO (OR AS A CONBET & (OR AS A CONBET & CONB	Iline. A C ISEQUENCE OF ISEQUENCE OF S ON ISEQUENCE OF S ON INTERPORT OF INTERPORT	I S GLE ot enter to NFA): NECO:	SECCEN Fithe model A COLUMN STATE OF THE PLAN S	DND AVIBURNIE of dying, such T(O) (SEA TUS ceuse given in RCT(O)	Part I.	, S.W RYLAN dlec or respli	D 21	061 eat,	Appropriate Approp	I Betve and E
PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, ok mooth, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significant conditions of the condition of the condit of the condition of the condition of the condition of the condi	a. MYO (DUE TO (DUE	CAROLICO DE CONTROLICO DE CONT	ISEQUENCE OF SISEQUENCE OF SION OF THE SISEQUENCE OF SION OF THE S	OTHER:	SECCEN E	DND AVIBURNIE of dying, sur T(O) T(SE) Couse given in RCT(C) CE OF DEATH (C) 5 □ Residence RY AT	Pert I.	, S.W RYLAN dlec or respli	D 21	061 eat,	Appropriate Approp	I Betve and D
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, ok mooth, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significant conditions of the condition of the con	Complications that List only one cause. ANO DUE TO B. IS CH DUE TO C. DIA DUE TO C. DIA ONS contributing to STORY CON GES HOSPITAL: 1 Inpatient 2 28e. PLACE Of building,	CARDI (OR AS A COI	Iline. A C ISEOUENCE OF HE ISEOUENCE OF S O N OT resulting in L C O N OT RESULTING IN L C O N O N O N O N O N O N O N O N O N O	OTHER: OF JET MENT MENT MENT MENT MENT MENT MENT ME	SECCEN E	DND AVIBURNIE of dying, sur T(O) T(SEA Ceuse given in RCT(C T) L J C CE OF DEATH (C T) T C C TY AT K7 K7 K8 S 2 NO	Pert I. Pert I.	/ S. W RYLAN diec or respin	AUTOPSY MED?	24b.	Approprinterval Onset Z WERE AUTOPS AVAILABLE PR COMPLETION OF GEATH? 1 YES 2	I Betve and E
BY PHYSICIAN: MEDICAL	21. PART L Enter the diseases, on mook or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions of the conditions o	a. MYO (DUE TO (DUE	CARDI (OR AS A COI (OR AS A COI (OR AS A COI BETCE (OR AS A COI LTD deeth but n MYOC STIVE STIVE STIVE (NJURY oy, Year) INJURY oy, Year) INJURY oy, Year) INJURY oy, Year)	Iline. A C ISEOUENCE OF HE ISEOUENCE OF S O N OT resulting in C I I I I I I I I I I I I I I I I I I	OTHER: OTHER:	SECCEN E	DND AVIBURNIE of dying, sur T(O) T(SEA Ceuse given in RCT(C S Residence RY AT K7 S 2 NO	Part I. Part I. Other 28d. DE:	/ S. W RYLAN diec or respin 24a. WAS AN. PERFOR 1 □ YES 2 PER (Specify) SCRIBE HOW IN ACTION (Street a or Town, State)	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED?	061 pat, 24b. URED or Rural Re	Approximately ap	Y FINDOP TO OP

_
LAND 2121
T.
S
0
Z
d
-
_
>
MARYL.
1
_
2
113
~
UL.
0
-
<
BALTIMORE,
Ε.
4
0
-
0
3
2
00
3
w
09289 XC
0

DIVISION OF VITAL RECORDS, P.O. BO

	retain	sho
ĵ	y be	age (
	6 ma	ctor, g
	Page	dire.
1	eath.	unera
מבר ישופורי של	ther d	the !
	SUC	5
Ī	Š	filled
	H.	letely
	v per	COM
	exect	and
	e De	Siciar
	riffca	o phy
	eth ce	tendin
5	e dea	he at
	hat th	4
	ires t	signe
	requ	need
	e law	has
	N: T	ficate
	SICIA	certi
,	PH	r this
	NON	R. Afte
	ATTE	ECTO
	L OR	L DIR
	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with thought for any be retain	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho
	E 15	IE FUI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG	i. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Kose	Mary	Wid	enor	2. DATE OF DEA	DAY	YEAR 3.	Sio5A	
	1. SOCIAL SECURITY NUMBER	WIDEN					2-1994			
	442 22 1475	1 🗆 M 2 🖫 F	68 YRS.	IF UNDER 1 YEAR MONTHS DAY		7. DATE OF BIRT (Month, Day, Y 4-19-	bar)	Country) Okla	homa	
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OR LOCATION OF DI			TY OF DEAT		
DIRECTOR	Arundel Medi	cal Center	2518	Ann	apolis		Anne	Aru	ndel Co	
Ĕ	10a. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LO	CATION			10-	d. INSIDE CITY	
2	Maryland Anne	e Arundel	Co	Annap	olis			11	LIMITS?	
	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZ		T COUNTRY?	
FUNERAL	1066 St. Mar				2140			US		
18	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	ES 2 NO	If yes,	DECENDENT OF HISPAI apecify Cuban, Mexica (ES 2 NO Specific	in, Puerto Rican, e	Ify Yea or No—	14. RACE — Black, W Specify:	American Indian, hita, stc. White	
E	15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND (OF BUSINESS/INDU	ISTRY		
COMPLET	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v	vork done during se retired.)	most of working	Edu	cation			
4	12+	6	Teach	ner		Baa	cation			
2	17. FATHER'S NAME (First, Middle, Last)		1 cacı	101	18 MOTHED'S NA	ME (First, Middle, A	fairles Cumama)			
	Brown King						outen surrenne)			
BE	19a. INFORMANT'S NAME (Type/Print)					a Lynn				
2		. 1			et and Number or Rural					
	William M. Wi				garetsAv	7				
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE of the commentary, crematory or of the comments of the com	ther place)			9c. LOCATION — C	ity or Town,	State	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEER On ald	Wade, Di	22. NAME	AND ADDRESS OF FA	CILITY Sta	te Ana	tomv	Board	
	Manual B	The 1	+		W.Baltim	ore St	Ralto	MD2	1201	
_	23. PART I. Enter the disesses, Or	July for	1						1201	
HTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
8		d								
	PART II. Other significant condition	na contributing to deet	but not reculting	n the underly	ring ceuse given in		AS AN AUTOPSY ERFORMED?		RE AUTOPSY FINDINGS MLABLE PRIOR TO	
V: MEDICAL							res 2 NO	OF	MPLETION OF CAUSE DEATH? YES 2 NO	
M	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (Ch	eck only one)				
25	EXAMINER?	HOSPITAL:	outpetient 3 🗆 DOA	OTHER:			M	THE I		
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJUR			INJURY AT		y) HOW INJURY OCCI	IBED		
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea		URY	WORK?	200. DESCRIBE	NOW INJURY OCC	JHEU		
	3 Suicide 6 Could not be determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28th LOCATION (Street and Number or Rural Route Number, City or Team, State)								
COMPLE		SICIAN: To the best of my kn							d manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIE		1101		29c. LICENSE NUI				onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	1800	74	7	1121	94	
	Jack R. Lichte 31. DATE FILED (Month, Day, Year)	ntein 20	7 Ridge	14 Ave	Annap	olis mi	2140	1		
	JUL 1 5 1993	Tali As	an Royal St							
			The state of the s							

BALLIMORE, MARTLAND 21215-0020	sours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
	Ď	y filled	Ah
SIGN OF VITAL RECORDS, P.O. BOA 80160.	TEMDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TH: After this certificate has been signed by the attending physician and completely the death with the State Dept. of Health and Mental Hygiene prior to bunial, cremative	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -

FOR 1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I			3. TIME OF DEATH
	VIOLA LIECT					MONTH	DAY	YEAR	S. TIME OF BEATH
	VIOLA WEST					7	14		М
	4. SOCIAL SECURITY NUMBER 5. SEX	11.11.11.11.11.11	-	ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF E (Month, Da	NATH V. Your)	8. BIRT	HPLACE (State or Foreign
	215-32-5363 1 D M	*XXF 91	YRS.	ONTHS DAYS	HOURS MIN.	12-2			HINGTON
	9a. FACILITY NAME (If not institution, give street and i	number)	-	b. CITY, TOWN	R LOCATION OF DE			COUNTY OF I	
Œ	LIBERTY MEDICAL CI	antre o					-		P. A. III
DIRECTOR	RESIDENCE OF DECEDENT	SHIEK		BALIII	ORE CI	ΤΥ			
i ii	10a. STATE 10b. COUNTY		10c CITY	TOWN OR LOCAT	TON				
=			100. 0111,	TOWN ON LOCAL	ION				10d. INSIDE CITY LIMITS?
	MD.		BA	LTIMOI	E CITY				1, YES 2 NO
4	100. STREET AND NUMBER				ZIP CODE		100	. CITIZEN OF	WHAT COUNTRY?
<u> </u>	3027 PRESTMAN ST	್ರಾ ಘರ್			01016				
FUNERAL		DECEDENT EVER IN U.S.	ADMED	T 40 MM0 050	21216 ENDENT OF HISPAN			US	A
E	KCX Never Married 2 Married FOR	ICES? 1 YES 2	√ NO		ecify Cuban, Maxica			0— 14. RAC Blac	E — American Indian, ck, White, atc.
B	3 Widowed 4 Divorced	ES, GIVE WAR OR DATES	Λ	1 🗌 YES	2 Specify	y:	-	Spec	offy:
								B.	LACK
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed	16a.	Give kind of wor	k done during mo		16b. KIN	D OF BUSINES	S/INDUSTRY	
Hi		e (1-4 or 5+)	life. Do NOT use	retired.)	st or working				
립	n/a n/a			1 -				,	
once.	17. FATHER'S NAME (First, Middle, Last)		n	/a	40 1407417040 444		1	n/a	
C					18. MOTHER'S NAI	ME (First, Middle	e, Malden Surne	ime)	
	n/a				n,	/ a			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural F	Route Number, C	City or Town, Sta	ite, Zip Code)	
10 10	JUANITA A. MCRA	. F.	3027	DDECT	MAN STE	ਹਾ ਦਾ ਦਾ			
2									
the medical examiner must	20a, METHOD OF DISPOSITION XX Burial 2 Cremation 3 Hamoval from	State cemetery.	CEAND DATE OF crematory or othe		me of	DATE	20c. LOCATIO	ON — City or Ti	own, State
E	4 Donation 5 Ther (Specify)	CEI	DAR H	III CE	METEDV				
2	21. SIGNATURE OF FUNERAL SERVICE LIFESSEE	10		22. NAME AN	D ADDRESS OF FAC	CILITY			
2	v Mills	100/1/							
= _	Jores a	works		IRVIN	CARROI	L F.	$T_{\star} = 1.71$	12 W 7	JORTH AVE
=======================================	23. PART i. Enter the diseases, or complica	itions thei ceused the	deeth. Do not	enter the mo	de of dying, auci	h aa cardlac	or reapirator	ry arreat,	Approximate
Ē	shock, or heart fallure. List only	/ Dne cause Dn each I	line.						Interval Between
E E	IMMEDIATE CAUSE (Final disease or condition	ΛΛ.	0 -0	- I					Onset and Death
=	resulting in desth) a	MUGCO	relial	auto	words	4			
traumatic event,		DUE TO (OR AS A CON DUE TO JOR AS A CON	ISEOUENCE OF):	0	0- 1				
2 Z		(ett Du	DAIL C	> Vega	VI AO A	Al			
E 9	Sequentially list conditions, If any, leading to immediate	DUE TO JOR AS A CON	SEQUENCE OF):		conce				
traumatic CATION	csuse. Enter UNDERLYING		O						
	CAUSE (Disesse Dr Injury	DUE TO (OR AS A CON	SECTIONCE OF						
or other	that initisted events reaulting in death) LAST	DOE 10 (011 NO N 0016	SEGOENCE OF J.						
9 1	d								
injury, o	DARK II Orber de III en la company								
y int	PART II. Other algnificant conditions contri					Part I. 24a	PERFORMED		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
any DIC	- Netoxtot	i Corci	in Allm	unk	MIM	1.5	YES 2		COMPLETION OF CAUSE
S E		Reinen	/	VIR AL		''	160 2		OF DEATH?
shows : MEL		Ola Carte	Ty w	CAV CA	om	_		- 1	1 YES 2 NO
23 s		meros	Hory	-					
item SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	eck only one)			
	nose	atlant 2 ER/Outpatian		THER:	5 - Realdence	6 Other (Sn	ecity)		
H Y		. DATE OF INJURY	28b. TIME (BE HOW INJUR	N OCCUPED	
P e	1 Natural 5 Pending	(Month, Day, Year)	INJUF	Y WO	RK?	200. DESCRIE	DE NOW INJUR	TOCCORED	
marked, BY PH	2 Accident Investigation				ES 2 NO				
2 D	3 Suicida 8 Could not be	 PLACE OF INJURY — As building, atc. (Specify) 	t home, farm, stre	et, factory, office			N (Street and N wn, State)	lumber or Rural	Route Number,
28 E	4 Homicide determined	and (opening)				City or 10	wn, state)		
llem 2	29a. CERTIFIER							-	
ANT: If Its	(Check only CERTIFTING PHYSICIAN: 16								
5 6	one) 2 MEDICAL EXAMINER: On the	basis of axamination and	or investigation,	In my opinion, d	eath occured at the	time, data and	placa, and dua	s to the cause(s	a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		17-	Un 10. 11	200 LICENSE MIN	ADCO.	1		
BE	1/1/2/1	1.00	141	Hercley'	29c. LICENSE NUM	700	290	. DATE SIGNE	(Month, Dhy, Year)
1 0	Musica //	exeller	1 KUK	7 9	00.1	750		1//	10/84
. 1	30, NAME AND ADDRESS OF PERSONWHO COMPL								
1	MARVIN J. FELDM	1AN 3019	STPANI	PII	407 B	BAITA	MX	1100	5
		REGISTRAR'S SIGNATUR	- 1,1 /T UL	n 1 L . T	.01	157610	1110	SIGIC	JOK_
	JUL 15 1994 gullet	REGISTRAR'S SIGNATUR	92						
	(/								

Û1.

U DAAM

00	-
	Action of the same
Œ	
9	
687	distributed and
$\stackrel{\sim}{\sim}$	4
DIVISION OF VITAL RECORDS, P.O. BOX 68760	ON ATTENDIAN PRINCIPAL The ferritors show the death configured to
ď	dand
õ	į
O.B.	shae s
RECO	- Commission
Ξ.	
IA	É
>	PIA BIL
0	Di DAM
SION	PERMIT
2	A GO
	8

31. DATE FILED (Month, Day, Year)

32 REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN YEAR n/a 7 WARD 94 13 DORIS 6. AGE (in yrs. last birthday) 67 yrs. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. J'U'L' Y'2 3", 1926 DAYE 214-20-2979 1 - M 2 XF MARYLAND use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN 11 W. @20th STREET APT. 5-G DIRECTOR N/A BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY N/A MD BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11 W. 20th STREET APT. 5-G U.S.A. 21218 ay be retained by the hospital or attending physician. page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married 1 TYES 2 NO Specify: BY Specify 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only his Elementary/Secondary (0-12) College (1-4 or 5+) 8TH N/A N/A N/A 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) 7 JOHN T. WARD, SR HENRIETTA JOHNSON BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 2601 MADISON AVE. APT. 603/BALTIMORE, MD 21217 PATRICIA WARD pe 20a. METHOD OF DISPOSITION

KIXBuriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must director, AR'BUTUS" OTHER MEMORIAL ARBUTUS, MD PARK 4 Donetion 5 Other (Specify) SIGNATURE OF FUNEBAL SERVICE examiner 22. NAME AND ADDRESS OF FACILITY MARCH F.H. EAST 1101 E. NORTH AVE./BALTIMORE, MD 21202 n by the removal. the medical filled in by t 23, PART I. Enter the diseases, or complications that ca the daath. Do not anter tha moda of dying, such as cardiac or respiratory arreat, Approximate shock, or heart fallure. List only pna cause on each line Interval Between 6 IMMEDIATE CAUSE (Final **Onset and Death** cremation, Meta Matei disease or condition resulting in deeth) completely event, DUE TO (OR AS A CONSEQUENCE OF): burial, CH traumatic CERTIFICATION and Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING physician prior CAUSE (Disease or Injury other attending phy DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 the atten Mental F Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY MEDICAL and of any signed t 1 TYES 2 NO OF DEATH? Shows 1 YES 2 NO t, of I PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\text{\bases} \) NO \(\text{\bases} \) Dept. 23 certificate has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one, Hem State **EXAMINER?** HOSPITAL OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ma 5 🗆 Realdence 8 Other (Specify) 6 the 27. MANNER OF DEATH 28e. DATE OF INJURY 28c, INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED this with marked, 1 Natural 5 Pending investigation м 1 YES 2 ND BY After death 2 Accident 28e. PLACE OF INJURY — At home, Jerm, street, Jactory, office building, stc. (Specify) 69 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED DIRECTOR: after 28 4 Nomicide Hours llem. 29s. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated. (Check only one) = 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the lims, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D31464 0 15 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) SHOH113 Ball -475 Hm1 ENMAN ST JUITE 300 821

TIE DE

O
å.
S
E
Ö
9
<u></u>
Œ
7
2
Ξ
>
1
0
7
0
\simeq
S
>
$\overline{}$
_

Ø	e
BA	after
	SINC
	d within ours after
,	this
292	cuted wit
89	ecute
DIVISION OF VITAL RECORDS, P. OX 68760,	pe ex
-	-
	E.
6	Ä
Œ,	J.
co	de
6	4
~	Jat
Ö	S
H	uje
8	9
7	MP.
I	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that
5	ž
L	0
ō	ES.
7	60
ō	N
<u>~</u>	EN
=	ATT
\leq	S
	AL
	Id.
	SOF
	ш

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deal mining to be executed within the HOSPITAL OR PRESIDENCE After this certificate has been signed by the transmit of the properties of the pro

		FOR
1	_	STATE
٠.	_	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	11201011001				U	, DEAII		HEG. NO.	_					
	1. DECEDENT'S NAME (First, Middle, Last)			WADE				DATE OF DEATH	٧	YEAR 3	. TIME OF DEATH			
	STANLEY 4. SOCIAL SECURITY NUMBER					\rightarrow				2:00 p m				
		5. SEX 1 (X) M 2 F	6. AGE (In yrs. las		IF UNDER 1 YE			Month, Day, Year)		Country)	ACE (State or Foreign			
	218-28-9590 9a. FACILITY NAME (If not institution, give si	YRS.				EB. 11,	1933 MARYLAND							
œ		,				VN OR LOCATION	OF DEATH		9c. COU	NTY OF DEA	TH			
<u>ē</u>	Good Samaritan I	Hospital			Bal	timore			L					
Good Samaritan Hospital RESIDENCE OF DECEDENT 100. STATE MARYLAND BALTIMORE BALTIMORE BALTIMORE									1	Od. INSIDE CITY				
							- 1	LIMITS?						
AL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITI		AT COUNTRY?			
E	1206 DALTON ROAD					212	234			USA	4			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS	DECENDENT OF I	IISPANIC C	RIGIN? (Specify Yea	or No-	14. RACE -	- American Indian, White, etc.			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	OR DATES			YES 2 X NO		iarto Hican, etc.)		Specify:	winter, etc.			
	15. DECEDENT'S EDUC		WW II		1				- 1		WHITE			
COMPLETED	(Specify only highest grade	completed)	(Gi	ve kind of w Do NOT use	JSUAL OCCUP ork done during	MOST of working		16b. KIND OF BUS	INESS/IND	DUSTRY	- 1			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	-		L WOR	(FD			STE	-1				
MO	17, FATHER'S NAME (First, Middle, Last)			JILL	L WOR		'S NAME (First, Middle, Maiden						
Ö	STANLEY		WASZKI	EWICZ		JOSEF		not, mado, mardon	Jantaney	PODGI	JRSKI			
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Str	eet and Number or	Rural Route	Number, City or Town	n. State, Zic	Code)				
2	JOAN R. WADE							ORE, MD.						
	20e. METHOD OF DISPOSITION 1 [Y Buriel 2 Cremetion 3 Reme		20b. PLACE	ND DATEO	F DISPOSITION	(Nama of	1	-		City or Town	, Stata			
	4 Donation 5 Other (Specify)		GARDI	ension or oth	er place) F FAI1	Ή	7/	16/94 BAI	TIMO	RE, M	D.			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
	+ Althor Lev	Jolan	. DOLAN		Ruc	ck Towso	n Fu	neral Ho Towson, l	me,	Inc.				
	23. PART I. Enter the diseases, or o	complications that	ceused the de	eth. Do n	ot enter the	mode of dying	, auch as	cerdiec or respir	ratory an	reat,	Approximata			
ahock, or heert fallura. List only one cause on each line. IMMEDIATE CAUSE (Final								-		Intervel Between Onset and Death				
	disease or condition resulting in death)	5nc	I den J	Dec -	th.	Res.		1 1200.	+ A	1/z-/1	Finnel			
	resulting in death)	DUE TO (OR AS A CONSEC	UENCE OF):	1 - 20	100	1/00	, ,	,,,,,				
Z	Companies the second	b												
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CONSEC	UENCE OF	:									
5	CAUSE (Disease or Injury	C. OHE TO	OR AS A CONSEC	HENOT OF										
Ē	that initiated events resulting in death) LAST	JOE 10 (ON AS A CONSEC	DENCE OF	1:									
E		d,									 			
AL.	PART II. Other algnificent condition	s contributing to	death but not r	esulting in	the under	ying cause give	n In Pari	I. 24s. WAS AN			ERE AUTOPSY FINDINGS			
EDICAL								1 TYES 2	-	C	OMPLETION OF CAUSE F DEATH?			
5 1										- 1	YES 2 NO			
≥														
				25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				S. PLACE OF DEAT	'H (Check o	thy one,						
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	№ бол	OTHER: 4 Nursing	Home 5 🗆 Resid	ence 8 🗆	Other (Specify)						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	ER/Outpatient 3		OTHER: 4 Nursing OF 28c	Home 5 - Resid	ence 8 🗆		JURY OC	CURED				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 inpetient 2 inpeti	ER/Outpatient 3 NJURY y, Year)	28b. TIME	OTHER: 4 Nursing OF 28c IRY M t	Home 5 Resid	ence 8 🗆 286	Other (Specify) I. DESCRIBE HOW IN						
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Da	ER/Outpatient 3	28b. TIME	OTHER: 4 Nursing OF 28c IRY M t	Home 5 Resid	ence 8 🗆 286	Other (Specify)			ite Number,			
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Da 28a. PLACE OF building, 4	ER/Outpetient 3 NJURY y, Year) INJURY — At hords. (Specify)	28b. TIME INJU	OTHER: 4 Nursing OF 28c IRY M t	Home 5 Resid	286 00 28f	Other (Specify) I. DESCRIBE HOW IP I. LOCATION (Street a City or Town, State)	nd Number	or Runti Rou	ite Number,			
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER, OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) CERTIFYING PHYSIC	HOSPITAL: 1 Impetient 2 28a. DATE OF (Month, Date Of State O	ER/Outpetient 3 NJURY , year) INJURY — At horic. (Specify) ny knowledge, de	28b. TIME INJU	OTHER: 4 Nursing OF 28c IRY M t reet, factory,	Home 5 Resid INJURY AT WORK? YES 2 N Office	286 286 28f	Other (Specify) I. DESCRIBE HOW IN LOCATION (Street a City or Town, State) De cause(a) and man	nd Number	or Rural Rou				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 2 28e. DATE OF Information, Date of Information of Information of Information of Information of Information of Information of Information of Information of Information of Information of Information	ER/Outpetient 3 NJURY , year) INJURY — At horic. (Specify) ny knowledge, de	28b. TIME INJU	OTHER: 4 Nursing OF 28c IRY M t reet, factory,	Home 5 Resid INJURY AT WORK? YES 2 N Office	286 286 28f	Other (Specify) I. DESCRIBE HOW IN LOCATION (Street a City or Town, State) De cause(a) and man	nd Number	or Rural Rou				
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER, OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) CERTIFYING PHYSIC	HOSPITAL: 1 Inpatient 2 2 28e. DATE OF Information, Date of Information of Information of Information of Information of Information of Information of Information of Information of Information of Information of Information	ER/Outpetient 3 NJURY , year) INJURY — At horic. (Specify) ny knowledge, de	28b. TIME INJU	OTHER: 4 Nursing OF 28c IRY M t reet, factory,	Home 5 Resid INJURY AT WORK? YES 2 N office dete and piece, an on, death occured	286 O 286 O 286 dd due to the time	Other (Specify) I. DESCRIBE HOW IN LOCATION (Street a City or Yown, State) the cause(a) and man data and placa, and	nd Number	or Rural Rou	nd manner as stated.			
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. IIC ATURE AD TITLE OF CERTIFIER	HOSPITAL: 1 Inpetient 2 26a. DATE OF (Month, Da 26a. PLACE OF building, 4	ER/Outpetient 3 NJURY , 'Year) INJURY — At horic. (Specify) my knowledge, desimination and/or i	28b. TIME INJU me, farm, st ath occurre- re-attgation	OTHER: 4 Nursing OF 28c, RY M t reet, factory, d at the time, i, in my opinic	Home 5 Resid INJURY AT WORK? YES 2 N office dete and piece, an on, death occured	286 28f d due to the time	Other (Specify) I. DESCRIBE HOW IN LOCATION (Street a City or Yown, State) the cause(a) and man data and placa, and	nd Number	or Rural Rouled.	nd manner as stated.			
E COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Impetient 2 28a. DATE OF (Month, Date Of Month, Date Of Date Of Inc.) CIAN: To the best of Inc. On the basis of axion of Date Of Da	ER/Outpetient 3 NJURY , year) INJURY — At horic. (Specify) my knowledge, de amination and/or i	28b. TIME 28b. TIME INJU me, farm, st ath occurre- reatigation 4 27) (Type,	OTHER: 4 Nursing OF 28c, RY M t reet, factory, d at the time, o, in my opinic	Home 5 Resid INJURY AT WORK? YES 2 N Office data and place, an on, death occured 29c. LICENS	28f 28f 28f 28f 28f 28f 28f 28f 28f 28f	Other (Specify) I. DESCRIBE HOW II LOCATION (Street a City or Town, State) De cause(a) and man, data and placa, and	nd Number	or Rural Rouled.	nd manner as stated.			
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 30. NAME AND ADDRESS OF PERSON WHITE AND ADDRESS OF PERSON WHITE ADDRES	HOSPITAL: 1 Impetient 2 28e. DATE OF (Month, Date Of Month, Date Of Date Of Inc.) CIAN: To the best of Inc. CIAN: To the best of Inc. D COMPLETED CAUS Delos 32. REGISTRAF	ER/Outpetient 3 NJURY (, 'bar) INJURY — At horic. (Specify) my knowledge, desimination and/or i	28b. TIME 28b. TIME INJU me, farm, st ath occurre- reatigation 4 27) (Type,	OTHER: 4 Nursing OF 28c, RY M t reet, factory, d at the time, o, in my opinic	Home 5 Resid INJURY AT WORK? YES 2 N office dete and piece, an on, death occured	28f 28f 28f 28f 28f 28f 28f 28f 28f 28f	Other (Specify) I. DESCRIBE HOW II LOCATION (Street a City or Town, State) De cause(a) and man, data and placa, and	nd Number	or Rural Rouled.	nd manner as stated.			

0 :

Approximate Interval Between Onset and Death

1 - FOR STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

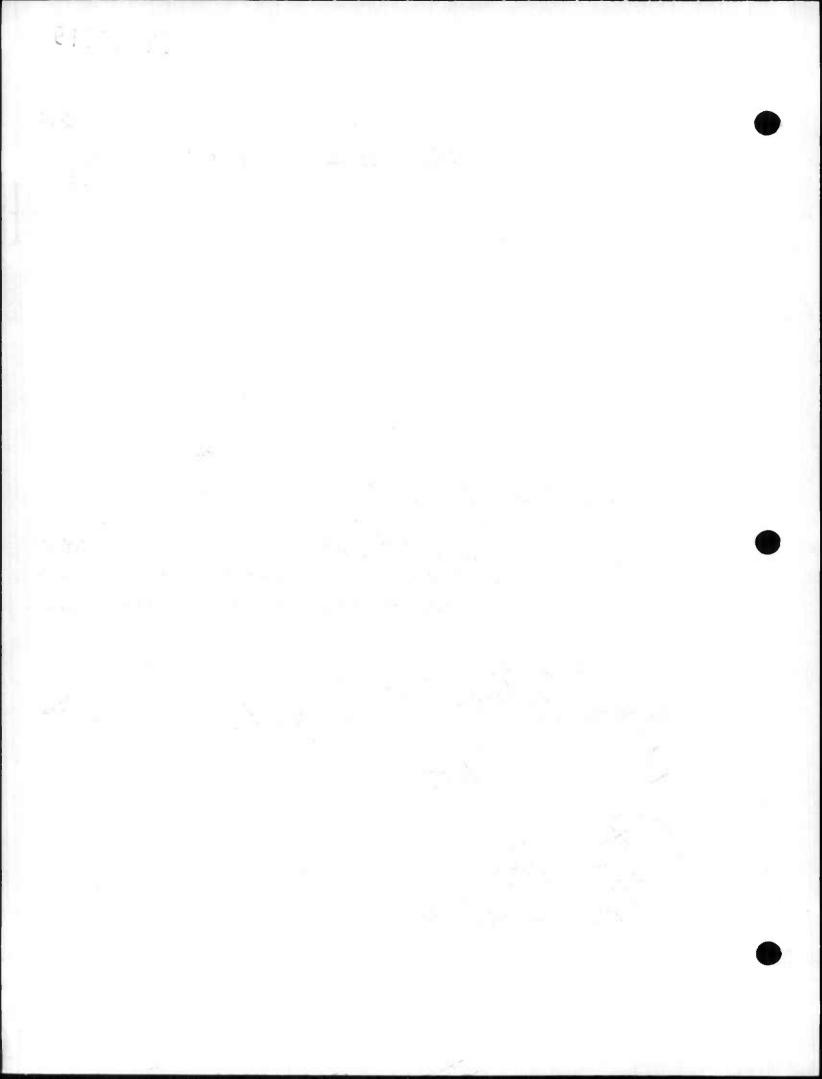
31. DATE FILED (Month, Day, Year)

JUL 1 5 1994

92	Ę
876	b
RECORDS, P.O. BOX 687	Ç
ō.	ĝ
æ	٦
щ	i
ш,	ρ
0	
Ų	
0	
S	ľ
	1
Œ	1
0	
C	
Ш	
Œ	
_	
Ø	
\vdash	į
_	1
9.0	i
<u></u>	
O	i
Z	
ō	1
<u>=</u>	1
(2)	i
>	
DIVISION OF VITAL	1

	1. OECEOENT'S NAME (First, Middle, Last)	Milto	on E.	Wio	dener	Sr.	2. DATE OF DE MONTH 7/12/	1994	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 225-34-3750	5. SEX	6. AGE (In yra		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	//		8. BIRT Coun	HPLAGE (State or Foreign		
	9a. FACILITY NAME (If not institution, give	street end number)				OR LOCATION OF	DEATH	9c. CO	UNTY OF,	DEATH 1		
OR	511 E. 41st.S	St.			Ва	lto.Ci	ty,Md.			DH		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c, CIT						10d. INSIDE CITY		
- 1	Maryland			Ва	1 to . Ci					YES 2 NO		
FUNERAL	511 E. 41st.	St.			10	212	18			States		
2	11. MARITAL STATUS 1 Never Married 2 Norried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V 1948-	NT EVER IN U.S. A IXI YES 2 MAR OR DATES 1950	NO	If yes, a	CENDENT OF HISP pecify Cuben, Mex S 2 XNO Spe	PANIC ORIGIN? (Special Can, Puerto Ricen, a city:	cify Yes or No— rtc.)	Blac	E — American Indian, ck, White, etc. c//White te		
	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	e completed)		Give kind of	USUAL OCCUPATI work done during m se retired.)	ION lost of working	18b. KIND	OF BUSINESS/II	NDUSTRY			
	7th.Grade	College (1-4 or 5	+)	Mech	nanic		And	erson	, 01	dsmobile		
COMP.	17. FATHER'S NAME (First, Middle, Last)	T.	Ti dana				NAME (First, Middle,			- 11		
1	Joseph	<i>v</i>	Videne			Bett	-		trou	p		
2	19e. INFORMANT'S NAME (Type/Print) Mrs.Nancy L.Wi	donor					al Route Number, City alto.Md		_			
	20e. METHOD QE DISPOSITION	rdeller	20h BI AC							lawa Ctata		
Ì	20e. METHOD OF DISPOSITION 1 Device 2 No Cremetion 3 Description State 20b. PLACE AND DATE OF DISPOSITION (Name of Complete Com											
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md. 21230											
	McCully Funeral Home, 130 e. Fort Av											
	23. PART I. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition resulting in death) . Chinic language one of section of the condition of the co											
	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
<u> </u>	Sequantially list conditions,	b. DUE TO	ION AS A CONS	EQUENCE O	- July		7 10	-cory		x jeu		
¥.	If any, laeding to immediate couse. Enter UNDERLYING											
RTIFICATION	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONS	EOUENCE O	F):	- 1						
	resulting in deeth) LAST	d										
ا د	PART II. Other significent condition	ny goritrity/ling to	death but not	.msubino	in the underlyin	ng cause given	in Part I. 24s Y	MAS AN AUTOPS	24	b. WERE AUTOPSY FINDI		
EDICAL	EM	OSTANE	Reost	12	suse	•	-	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS		
	#	evetime	NA	oly	7	-		YES O	8	OF DEATH?		
Σ.	DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF	DEATH Y	ES N	586			NA		
SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?		1			LACTOF DEATH	neck grily tines			1014		
Sign	ES 2 NO	1 Inpetient	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing Hor	me 5 🗆 Raeldend	e 8 🗆 Other (Spec	ity)				
PHYSICI	27. MANNER OF DEATH	28s. DATE OF	Manuel 2	28b. TIR		JURY AT ORK?	28d. DESCRIBE	HOW INJURY O	CCURED			
B	Natural 5 Pending Investigation		N			YES 2 NO						
Netural 5 Pending Investigation 2 Recident 3 Suicide 8 Could not be detarmined 4 Homicide City or Town, State) Netural 5 Pending Investigation 2 NO State NOWN 1 YES 2 NO 286. PLACE OF INJURY At home, ferm, street, factory, office City or Town, State)										Route Number,		
ן ב	294 CERTIFIER CERTIFYING PHYS	ICIAN: To the best of	t my knowledge.	death occur	ed at the time, dat	e end place, and d	lue to the cause(e) a	and manner ee a	totad			
COMPI	(one)									(e) end menner ae state		
	96. SIGNATUME AND ATTLE OF CENTIFIE	-1-11		-		290 LIGENSE N						
8	Tang and	MIN	,			Di	1522	29d. D/	7//	O (Month, Day, Year)		
0								1	1/1	7/ /		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



ш	
o.	
0.0	- 12
ດົ	,
ö	14
2	1
\mathcal{C}	
RECORDS,	The second second second
Œ	į
ITAL	
>	
0	Contract of the last
S O	4100
2	A contra
/ISI/	1
\leq	1

retaine	5 shou	
8	96	
TI GI	r, pa	
age o	directo	
the rooms after beath. Page o may be retain	CIUM where me certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho	
S differ	by the	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
Š	Ē	70
-	filled	'n.
Than I	letely	ematic
P. P.	dwo	, C
Meculi	and c	buris
3	cian	or to
Cale	llySi	e pr
in an	ding ;	lygien
Deal	atten	intal F
2	the	Me
ğ	30	and
THE MAN THE PROPERTY. THE TAW TEXTURES THAT THE DEATH CELLINCATE OF EXECUTED W	signe	Health
2	een	9
MPI 2	has t	Dept
N	ficate	State
2	certi	the
1	ž	皇
JIMB 3	Affec	death death
8217	CIDA	ĮĮ.

											2	4	200	J 6	U
	FOR	CTATE OF B	AADVI AND /	DEDAG	*******	T 05 11	F 4 1 711								
	1 - STATE REGISTRAR	SIAIE UF I	MARYLAND /	UEPAR ERTIF	ICAT	FOF	DEAT	ANU :	MENIA	REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)						-		2. DATE	OF DEATH			3. TIME C	OF DEAT	N
	Melva	WINKELMAN							July	M DA	994	YEAR	7:		A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	9 24 HRS.	7. DATE	OF BIRTN	1	8. BIRTH	IPLACE (St		reian
	215-10-3238	1 🗆 M 2; 🕞 F	75	YRS.	MONTHS	DAYS	Houne	MIN.	(Mont	/15/18	- 1	Countr	YRYI.A		
	9a. FACILITY NAME (If not institution, give si		10		9b. CIT	Y. TOWN C	DR LOCATI	ON OF DE		/ 13/ 10	9c. COU	NTY OF D		141)	
Œ.	FRANKLIN SQUAR	F HOSDIT	דגר									timo			
15	RESIDENCE OF DECEDENT	E HOSPITAL					ROSS'	V TTata.	ICa .		Dal	CIIIO	Te		
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	NOI						10d. INSI	DE CITY	
		FIMORE			RO	SEDA	LE						1 YES		NO
Ĭ₹	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITI	ZEN OF V	WHAT COU	NTRY?	
쁘	8221 ANALEE AVE						2:	1237				USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.					N? (Specify Yes Rican, etc.)	or No-	14. RACE	E — Americ	an India	ın,
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE V		•••			ZYONO			Hican, etc.)		Speci			
													WH	TTE	
E	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Gi	CEDENT'S ive kind of Do NOT u	work done	during mo	ON ast of worki	ng	161	. KIND OF BUS	INESS/IND	USTRY			
12	Elementary/Secondary (0-12)	College (1-4 or 5	+) """								HOME	MAKE	£15		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			HOM	EMAK	ER	40 1407	145510 14	105.05			z Marci.	.14.5	_	
	JAMES C. FOGLE						16. MOI			Middle, Maiden	Sumame)				
B	19a, INFORMANT'S NAME (Type/Print)		101	- MAIL INC	ADDRES	e (Ctmat a	and Mumba	MAR		ber, City or Town	- Photo 7/o	Ondel	- :		
2	PHILIP WINKL	EMAN	"			NLEE				ORE, MI		.237			
5	20a. METNOD OF DISPOSITION		20h PLACEA		_			LJEL	_				wa State		
1 General 2 Cremation 3 Removal from State Cometery, crematory or other place)															
GARDENS OF FATTH 17/16 BALTIMORE, MD															
	CVACH/ROSEDALE FUNERAL HOME														
	100								SACO		21237				
200	23. PART I. Enter the diseasea, or of ahock, or heart failure.	complications the List only one cau	t caused the da	ath. Do i	not ante	r the mo	de of dy	ing, auc	h ea car	diac or reapi	ratory arr	eat,		proxima	
	IMMEDIATE CAUSE (Finel													set and	
	disease or condition resulting in death)		st Cance												
			(OR AS A CONSEC												
N N	Sequentially list conditions,	u	mpensate			stive	hea	irt i	tailu	ire			-		
ERTIFICATION	If any, laeding to immediata cause. Enter UNDERLYING	DUE 10	(OR AS A CONSEC	DUENCE O	F):										
	CAUSE (Disease or Injury	DUE TO	(OR AS A CONSEC	DIJENCE O	E).										
	that initiated events resulting in death) LAST	_	(511115)		. ,.								j		
		d											+		
A	PART II. Other algnificent condition	a contributing to	death but not r	asulting	In tha u	nderlylng	g causa	givan in	Pert I.	24s. WAS AN PERFOR		24b	WERE AUT		
MEDICAL										1 TYES 2			COMPLETE OF DEATH	ON OF C	
W W													1 YES		10
ÿ	DID TOBACCO USE (CONTRIBUTE	TO CAUS	SE OF	DEA	TH Y	ES [I NC							
M M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	EATN (Ch	eck only o	ne)					
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 Nu		a 5 🗆 R	asidenca	6 🗆 Othe	r (Specify)					
. F	27. MANNER OF DEATN	28a. DATE OF (Month, D		28b. TIM	IE OF JURY	28c. INJ	URY AT		28d. DE	SCRIBE NOW II	NJURY OC	CURED			
BY F	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	wy, 10u1)		M		YES 2	NO							
ED B	3 Suicide 8 Could not ba	26a. PLACE C	F INJURY — At ho atc. (Specify)	me, farm,	atreet, fed	tory, offic	8		28f. LOC	CATION (Street a or Town, State)	nd Number	or Rural F	Route Numb	er,	
	4 Nomicide determined								U. C. Aly	o. Iowii, Giale)					
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	CIAN; To the best of	my knowledge, de	ath occurr	ed at the	time, data	and place	, and due	to the ca	use(a) and man	ner as stat	ed.			
WO	one) 2 MEDICAL EXAMINE) and man	ner as st	ated.
Ö	296. SIONATURE ANO TITLE OF CERTIFIER			*				ENSE NUI					(Month, Da		-
100	Kra	MANA	M _	dispersion in the last of the							•		,	,,,	
일	30. NAME AND ADDRESS OF PERSON WN	O COMPLETEO CAU	SE OF DEATH (ITEE	M 27) (Time	Prot)										

WNO COMPLETEO CAUSE OF DEATN (ITEM 27) (Type, Print)

M.D. 9000 Franklin Square Drive

Kiumarce Kashi, M.D.

31. DATE FILED (Month, Day, Year)

32. RH

33. DATE FILED (Month, Day, Year)

21237

Baltmore, MD

US

ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho or removal. medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE FUNERAL DIRECTOR: After this certificate has seen signed by the attention or security filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Membersham burial, cremation, or removal. IMPORTABLE I I I I I I I I I I I I I I I I I I I	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

•	FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND N F DEATH	MENTAL HYGIENI REG. NO.	E				
,	1. DECEDENT'S NAME (First, Middle, Last)	E. Y	EALD	HAL	-6	2. DATE OF DEATH	3 9	3. TIME OF OEATH 4:07PM			
	4. SOCIAL SECURITY NUMBER 218-12-7603		yrs. lest birthday) 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	May 21, 1	BIRTHPLACE (State or Foreign Country) laryland				
E I	90. FACILITY NAME (If not institution, give str Chesapeake Manor			9b. CITY, TOWN	OR LOCATION OF DE		r of DEATH Arunde 1				
ដ្ឋ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY						10d, INSIDE CITY				
DIRECTOR	Maryland		Balt	imore				LIMITS?			
FUNERAL	3440 Seventh Stree	:t			21225		of States				
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2/ NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexicer ES 2 NO Specify		or No- 14	I. RACE — American Indian, Black, White, etc. SpecifyWhite			
윤	15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDENT'S (Give kind of v	vork done during i	TION most of working	18b. KINO OF BUS	INESS/INOUS	STRY			
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5 +)	iiie. Do NOT us H o n	e retired.) nemaker		Own H	ome				
CO	17. FATHER'S NAME (First, Middle, Last) Jacob	George	Rich	nter	16. MOTHER'S NAI Helen	ME (First, Middle, Maiden Anna M	sumama) argare	et Myers			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t end Number or Rural F	Route Number, City or Town	n, State, Zip C	ocle)			
٩	Mrs. Mahla A. Mc (Bel Air,					
20e. METHOD OF DISPOSITION 1 Burlel 2/C Cremation 3 Removal from State 4 Donation 5 Other (Specify)							20c. LOCATION — City or Town, State Catonsville, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE DE	Elmil		M-CNAME 237	ሰማተያካቸውክጅነ East Pata	ral Home o psco Avenu	f Brog e Ba	oklyn Itimore,MD.2122			
	23. PART I. Entar the diseases, or c shock, or hast failure.	complications that caused List only one cause on ea		ot entar tha r	node of dying, such	h aa cardisc or respi	retory srret	Approximate interval Batween			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	sease or condition esulting in death) a. Sel9315									
z	DUE TO (OR AS A CONSEQUENCE OF):										
ATIO	Sequentielly list conditions, if any, laeding to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):							
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):							
CAL C	PART II. Other aignificant condition	s contributing to death be	at not resulting	in tha underly	ing cause given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
	Dichetor					1 YES 2		COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDI	Strok							1 TYES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. OTHER:	PLACE OF DEATH (Ch	eck only one)					
IXSI	1 TYES 2 NO	1 ☐ Inpetient 2 ☐ ER/Oulp. 28s. DATE OF INJURY	etlent 3 DOA	4 Nursing H	ome 5 🗆 Residence	6 Other (Specify) 26d, OESCRIBE HOW I	N.IIIPY OCCI	IRED			
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		IURY	WORK?	rou, occombe now		nes			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		street, factory, o	ffice	28f. LOCATION (Street City or Town, State)	end Number o	r Rural Route Number,			
COMPLETED	(Critical Griny	CIAN: To the best of my knowl						1. ceuse(e) end manner ee stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	9			29c. LICENSE NUI		29d. DATE	SIGNED (Month, Der. Year)			
TO B	GOWLETTON JO 30. NAME AND AGORESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)	023	841	•	7/14/44			
	31. DATE FILED (MONTH, Day, Year) JUL 1 5 1994	32. REGISTRAR'S SIGN									

to d

TO THE HOSPITAL RECEIVED WE PHYSICIAN: The law requires that the death certificate be executed within an order of the relating by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State begin of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

(687	be execute
<u> </u>	2
RECORDS, P.O. BOX 687	that the death certificate
S, D	death
	the
S	that
REC	requires
یـ	3W
¥	The
5	AN
OF VITAL	PHYSICIAN:
ጁ	9
S	1
NISPON	RAT

1		1. DECEDENT'S NAME (First, Middle, Last) .TOHN	7011012				2. DATE OF DEATH		3. TIME O	
		4. SOCIAL SECURITY NUMBER	ZOUCK	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	JULY 1 7. DATE OF BIRTH		94 03:4 BIRTHPLACE (Sto	
	1	213-07-1794	1 M 2 F		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)	
		9a. FACILITY NAME (If not institution, give a	/	83	9b, CITY, TOWN (OR LOCATION OF DE	Oct. 28,1	910 9c. COUNTY	<u>Marylan</u>	<u>a</u>
	OR	Greater Baltimor	e Medical C	enter!	Tow	son		Bal	timore	
	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v	ine CITY	TOWN OR LOCAT	TON			10d, INSID	E AITY
	Ę I		ltimore	100.011	Glynd				LIMIT	2X NO
		10e. STREET AND NUMBER	coanore			ZIP CODE		10n CITIZEN	OF WHAT COUN	
	FUNERAL	3741 Butler R	oad			21071		100	USA	
Т	5	11. MARITAL STATUS	12. WAS DECEDENT EVE			ENDENT OF HISPAN	NIC ORIGIN? (Specify Yes		. RACE — America	in Indian,
	BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 V Y	R DATES		2 NO Specify	in, Puerto Ricen, etc.)		Black, White, atc Specify:	
	41	15. DECEDENT'S EDU	WW II				T tunn and and	- 1	White	
	۳	(Specify only highest grade	completed)	(Give kind of we	ork done during ma retired.)	st of working	16b, KIND OF BU	SINESS/INDUS	TRY	
	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 4		neer		wire	Indust	ru	
	Š Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden		2	
	BE	John H. Zouck				Nelli	e Dempwolf			
	2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
	-	Jane W. Zouck		3741	Butler	Road	Glyndon, N		071	
		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram	oval from Stata	20b. PLACE AND DATE OF COMPLETY, CREMETORY OF OUR COMPLETY	F DISPOSITION (Na ler place)		DATE 20c. LO			
	1	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG		Carroll C			4+94 Ham	pstead	, Md.	
	ŀ	D Q	D n	0	et. NAME AF	TO ADDRESS OF PA	CILITY 11824 R	eister	stown R	oad
		C. Oran	lower				Home Rei			21136
		23. PART I. Enter the diseases, or shock, or heart failure.	complications that cau List only one ceuse o	ised the death. Do no n eech line.	of entar tha mo	de of dying, suc	h as cardiac or resp	Iratory arrest		roximata rval Between
		iMMEDIATE CAUSE (Final disease or condition	BADDIO O			1				et and Death
		resulting in death)	a. CARDIO PUI	AS A CONSEQUENCE OF	ARK	25/				50 min
	z			Y ARTEA					>	30 min
	은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR /	AS A CONSEQUENCE OF	:					10/13
	<u>S</u>	CAUSE (Disease or Injury	с							
		that initiated events resulting in death) LAST	DUE TO (OR)	AS A CONSEQUENCE OF	1					
	CERTIFICATION		d						İ	
		PART II. Other significant condition					Part I. 24s. WAS AN		24b. WERE AUTO	
	MEDICAL	CHOLELITHIASI.	5, CHRONI	IC CHOKEC	4577775		1 _ YES :	XNO		ON OF CAUSE
	¥	-				1		, ,	1 🗌 YES	2 NO
	ž	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF						
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	NOSPITAL:		OTHER:	ACE OF DEATH (Ch				
	Ĕ∥	27. MANNER OF DEATH	280. OATE OF INJU				6 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCUR	IFD.	
		1 Natural 5 Pending Investigation	(Month, Day, Ye	nr) INJC	IRY WO	RK?				
	D BY	3 Suicide 8 Could not be	28e. PLACE OF INJ building, atc. (URY — At home, ferm, st	reet, factory, offic	•	28f. LOCATION (Street City or Town, State)	and Number or	Rural Route Numbe	N.
		4 Homicide determined					Oily or Jown, Glate,			
	COMPLETED		ICIAN: To the beat of my k	nowledge, death occurred	d at the time, date	and place, and due	to the ceuse(s) and ma	nner as stated.		
	Š Š	One) 2 MEDICAL EXAMINE	R: On the beels of axamin	ation and/or investigation	, in my opinion, d	eath occured at the	time, data and piece, ar	nd dua to the c	ause(a) and mann	er en stated.
	BE	286. SIGNATURE AND TITLE OF CERTIFIE	P /	25		29c. LICENSE NUI		29d, DATE S	IGNED (Month, Day	r, Yber)
	2	Alm 10 Buch	ardson 1	ND		D1844	43	> 7/	14/94	
	4	50. NAME AND ADDRESS OF PERSON WH TOUGHT B RICHAR	O COMPLETED CAUSE OF			27 /11	THERVILL	E mi	2110	>
		31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S S			LUI		1 10	2107	_
1		1111 4								
-		9	the truidson	and a		<u>-</u>			D	HMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

32 - 1.

	IVISIC	OR ATTENDI
	ة ص	KOSPYTAL OF
(R	To go
- 7	$\overline{}$	-

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTHAH		CENTIF	ICATE	F DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	aw .	YEAR 3. TIME OF DEATH
	JUNE	KATHIJ	EEN	ARNO	T ₁ D	06 23		94 7:10 PM
	4. SOCIAL SECURITY NUMBER	5. SEX / 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEA	and also	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
	212-32-4235	1 M 2 F	52 YRS.	MONTHS DAY	8 HOURS MIN.	6/12/19	70	Country)
- 1	9e. FACILITY NAME (If not institution, give st		16	AL OUTY TOU				Maryland
~	E-11-1	land and humber)	1 -	90. CITY, 104	N OR LOCATION OF DE	ATH	9c. COU	NTY OF DEATH
0	Tallston Gene	ral Hospi	Tal	rai	STON		HA	H-TOTOX
ည မ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100 CIT	Y, TOWN OR LO	CATION			10d, INSIDE CITY
DIRECTOR	Maryland	Harford	100.01	i, iomit on co		eet		LIMITS?
		narioru			DUL	eet		1 TYES 2 NO
FUNERAL	10a. STREET AND NUMBER				10f. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?
当	946 Co	en Road			21	154		U.S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS	ECENDENT OF HISPAN	HC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian,
	1 Never Merried 2 M Merried	FORCES? 1 YES			specify Cuben, Mexice YES 2 NO Specifi			Black, White, etc. Specify:
B	3 Widowed 4 Divorced				30			Caucasian
COMPLETED	15. DECEDENT'S EDUC	ATION	18e. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BUS	SINESS/IND	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us	work done during se retired.)	most of working			100.00
4	9	en en	Tn	spect	770	p	last	ies
M	17. FATHER'S NAME (First, Middle, Last)		45.44	DPC 0		ME (First, Middle, Maiden		TES
	Walter	Holm						37 3
8		пот			Ada	Margar		Needer
2	19a. INFORMANT'S NAME (Type/Print)	2.1				Route Number, City or Tow	n, State, Zip	Code)
	Harold H. Arn		S	ame a	s #10			
	200 METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remo	wel from State	. PLACE AND DATE	OF DISPOSITION	(Name of	DATE 20c. LO	CATION -	City or Town, State
	4 Donation 5 Other (Specify)	Be	Air	Mem.	Jardens	6/28 Be	l Ai	r. Md.
	21. SIGNATURE OF FUNERAL SERVICE LIE	ENSEE 0710	/	22. NAMI	AND ADDRESS OF FA	CILITY		
	NI I HVal	1 KH				eral Hom		
	- Johnson	en jungs	11	J	arrettsv	ille, Ma	ryla	ind
	23. PART I. Enter the diseases, or c shock, or heart failure. I	omplicatione that cause	d the deeth. Do r	not enter the	mode of dying, suc	h aa cardlec or respi	retory an	
	IMMEDIATE CALLOR (FIG.)							Interval Between Onset and Death
	disease or condition	Henornon	mma	min 1	no tastani	1 to beit	moun	m lun
H	reculting in death)	Hypernep DUE TO (OR AS	A CONSEQUENCE OF	D:	70001071071	poort		
_	_	Romel-	C+ WALL	10.				i l
6	Sequentielly list conditions,	DUE TO (OD AC	CONCECUENCE OF					
F	if any, leading to immediate cause. Enter UNDERLYING	- Dush	ad Tan	ostini	7 70 to C	4 .		1 2000
CERTIFICATION	CAUSE (Disease or Injury	DUE TO OR AS	CONSEQUENCE OF	D. 2 W M.	2.2°6 G	,		4009
ĒH	that initiated eventa resulting in death) LAST	COLPAR	Dal	deatic	= Flati	120060100	0010	
與		sercie	benyo	maue	7. 1-1011	Barteral,	mily	*
	PART II. Other algnificent conditions	e contributing to deeth to	out not reaulting	In the underl	ving ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 NES 2	THO	OF DEATH?
						_ ('	1 TYES 2 TYPO
ż	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE OF	DEATH	YES NO			/ /
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch	eck only one)		
is I	1 VES 2 NO	HOSPITAL: 1 Compatient 2 ER/Out	petient 3 🗆 DOA	OTHER:	iome 5 🗆 Residence	8 Other (Specify)		
主	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF 28c.	INJURY AT	28d. DESCRIBE HOW I	NJURY OC	CURED
	1 Netural 5 Pending	(Month, Day, Year)	INJ	M 1	WORK? YES 2 NO			
B	Accident Investigation	28e. PLACE OF INJURY	/ At home term			COL LOCATION (C.		
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	cify)	street, tectory, t	RIICO	28t. LOCATION (Street of City or Town, Stete)		or Hural Houle Number,
<u>.</u> I								
ᆲ	29e. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my know	riedge, desth occurr	ed at the time,	iste end place, and due	to the cause(e) end mer	nner ee stat	led.
COMPLETED	one) 2 MEDICAL EXAMINE	3: Dn the basis of exemination	n end/or investigation	n, in my opinio	n, death occured at the	time, date end place, an	d due to th	na cause(e) end menner as stated.
	296. SIGNATURE AND TITLE OF CENTIFIER				29c, LICENSE NUI			
腸	75750V	- B. Pavek	in Mo		D18 48		290. DAT	E SIGNED (Month, Day, Year)
ဥ	20 NAME AND AUGUST OF PERSON				101040	- 1		0/00/174
	30. NAME AND ADDRESS OF PERSON WHO	AM A LA	CHA-	Print)	NAAD TA	eston M	0 2	10/17
	12. ALKEIN	140	a 11 HICH	(14)	WHY HA	ESTON M	116	14/
	31. DATE FILED (Month, Day, Year) JUN 3 0 1994	32 AEGISTRAR'S SIGN	ATURE					
	3014 9 0 1994	Jana arabida	ex Mandally					

. . Section 1 Section 1

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-715 9/6/94 t.t.

	_1	- STATE REGISTRAR		SIAIE UF I	WAKYL					DEAT		MENTAL	REG. NO.	_			
	i	1. DECEDENT'S NAME (First, MI	ddle, Last)						7.110	DELL		2. DATE	OF DEATH	12	4 4	3. TIME OF DEA	
	H	GREGORY 4. SOCIAL SECURITY NUMBER	_	Paul 5, SEX	4 ACE	(In yrs. laat	in latin at a sh	IF UNDER	_	REWS				12		5:05	A
		219-80-4505		1X M 2 F	o. AGE	31	YRS.	MONTHS	DAYS	IF UNDER	MIN.	(Month	OF BIRTH n, Day, Year)	1061	Country		
hould	l	9e. FACILITY NAME (If not institu	ution, give s	reet and number)				9b. CITY	, TOWN C	R LOCATIO	ON OF DE	Dec ATH	11,	1961 9c. COU	NTY OF DE	aryland	l
2, 3,8	5	UNIVERSITY		.U.				BA	LTI	MORE	E CI	TY					
L. Pages 1, 2, 3 s		RESIDENCE OF DECEI	DENT	,			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CIT	γ
permit. Pages 1, 2, 3 should		Virginia	Arli	ngton				None	2							LIMITS?	
permi		10e. STREET AND NUMBER							101	ZIP CODE						HAT COUNTRY?	
20 Mystcian. urial-transit perm FUNERAL		3618 N. 6t	h						\bot		2201				.S.A		
BY		1 Never Merried 2 Ma 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 XNC			If yes, spe		n, Mexica	n, Puerto F	? (Specify Yee Ricen, atc.)	or No-		- American Ind White, etc. y: White	
21215 all or attend for use as		15. DECEDI (Specify only his	ENT'S EDU	CATION completed)		(G/v	e kind of	USUAL O	CCUPATIO	ON st of workin	0	16b.	KIND OF BU	SINESS/IND	USTRY		
LAND 21215 the hospital or attend detached for use as once.		Elementary/Secondary (0-12)		College (1-4 or 5	+)	life. L	our	se retired.)					Couri		rvic	e	
MARYLAND retained by the hospit 5 should be detached nettified at once. TO BE COMPI		Thomas Andr	ews							Ga	ıy Aı	nne E	Aiddle, Maiden Berry				
6) 6)		Thomas And	rews			196.							ston,				
AORE, pe 6 may be rector, page		20e, METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 1 Donation Conference (Sp	ecify)		cen V	PLACE AN netery, crem Vashi	atory or o	ther place)	ation (Na	me of nal (Cem	7/8/	20c. LO	cation —			
BALTIMORE, I are death. Page 6 may be the funeral director, page hail examiner must be released.		21. SIGNATURE OF FUNERAL S	ENVICE LIC	ENSEE 2				22.	Ar		on l	Funer	cal Ho		, Va	. 22203	3
urs afu In by	I	23. PART I. Error the dise shocks or hear	ases, or c	pmplications the	it cause	the dea	th. Do r	ot enter	the mo	de of dyi	ng, sucl	h ss card	liac or respi	Iratory arr	est,	Approxim	
min fille mation,		iMMEDIATE CAUSE (Final disease or condition resulting in desth)		RUPTURE	FAL:											Onset sn	
Pa do la		Sequentially list condition		REMOTE	CRUSH	INJUR	Y OF	RIGH	T FEM	ORAL /	ARTER	Υ					
3 ° 0 F Y		if sny, lesding to immedia cause. Enter UNDERLYING	te		(OR AS A	CONSECU	JENCE O	F):									
, P.O. BOX eath certificate be attending physician mal Hygiene prior by, or other traur		CAUSE (Disease or Injury that Initiated events	1	DUE TO	(OR AS A	CONSEQU	JENCE O	F):								1	
S, P.O. death certific attending perintal Hygiera		reaulting in death) LAST		1	-											-	
Harage P		PART II. Other significant	condition	s contributing to	death b	ut not re	suiting	In the ur	nderlying	cause g	iven in	Part i.	24a, WAS AN PERFOR			WERE AUTOPSY I	
E la g la S													1 YES 2			COMPLETION DF OF DEATH?	
w requires that been signed to the Health a shows any N: MEDIO		DID TORACCO	LICE C	CONTRIBUTION		CALICI	- 05	DEAT	PL 1 32		NO	_				1 YES 2 [NO
AL F e law has be Dept.		DID TOBACCO 25. WAS CASE REFERRED TO M		ONIKIBUIE	: 10	CAUSI	E OF	DEA			NO EATH (Ch	ack only on	al .				
VITAL AN: The la AN: The la ifficate has e State De or Item 2:		EXAMINER? XXYES 2 NO		HOSPITAL:	T STUOUTS	patient 3	DOA	OTHEI	R:			8 Other					
OF VITAL RECC HYSICIAN: The law requires in certificate has been signe with the State Dept. of Health that of Item 23 shows a PHYSICIAN: MED		27. MANNER OF OEATH		28a. DATE OF (Month, E			28b. TIM			URY AT	_	28d. OES	CRIBE HOW I	NJURY OCC	URED SL	JBJECT CR	USHED
0 2 2		Z (TY) PECHANIC	etigetion	MARCH :			UNKN		1 🗌 Y	'ES 2 [AS TO	OTHER	INJURI	ES		VIAOMIA
DIVISION OF VI- OR ATTENDING PHYSICIAN: OIRECTOR: After this certifica hours after death with the St. Item 28 is marked, or it			aid not be ermined	26e. PLACE C building,	etc. (Spec	cify)	NOWN	street, fec	tory, office			City o	ATION (Street of Town, State)		or Rural Ro	oute Number,	
DIVISI OR ATTEN DIRECTOR: hours after Item 28 Is	r	194. CERTIFIER 1 CERTIFY	ING PHYSI	CIAN: To the best of	my know			ed at the t	ime dete	and place	and due	to the cau		KNOWN	-d		
물로 보고 도				R-On-the basis of e												end manner ee	stated.
BE CO		196. SIGNATURE AND TITLE OF	CENTIFIE	1			_			29c. LICE	NSE NUN	nson		29d. DAT	E SIGNED	(Month, Day, Year))
2 2 3 E 2	L	/()//	\times	17						0.0	.M.	E.		▶ J	ULY	6,199	4
130		IO. NAME AND ADDRESS OF PI	0	Nex		11			St	reet	:, E	Balt	imore	, Mā	ryl	and 21	201
	1	JUL 18 8 1998	Jalia	A CONTRACTOR													

'n	
=	
N	
$\overline{}$	
2	
0	
#	
~	
V	
>	
C	
V	
2	
ш	
Œ	
0	
Ĕ	
2	
٠.	
7	
BA	
-	
	ı
_	

V OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within crours after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requi	The FUNERAL DIRECTOR: After this certificate has been see filed within 72 hours after death with the State Dept. of H	IMPORTANT: If Item 28 is marked, or item 23 shov

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH							3. TIME OF DEATH						
Howard Randolph Adams June 10, 1994								м						
	4. SOCIAL SECURITY NUMBER 5. SEX			6. AGE (In yrs. last birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year)			B. BIRTHPLACE (State or Foreign Country)			
	213-24-1311 1 1 1 1 1 1 1 6					MONTHS	DAYS	HOURS	MIN.	09/11				ryland
_	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					DEATH			
[일	7079 American Corner Road					Federalsburg Caroline					ne			
[일 	10a. STATE	10b. COUNTY	1		10c, CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	Maryland	Car	oline					Fe	der	alsbu	rg			LIMITS?
AL	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	7079 Amer	rican	Corner	Road					21	632		Uni	ted	States
🖺	11. MARITAL STATUS			T EVER IN U.S. AR						IC ORIGIN? (Se		or No-	14. RAC	E — American Indian, k, White, etc.
ВУ	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V						Specify		, 010.)			**/> Black
ED	15. DEC	EDENT'S EDU	CATION	18a, DE	CEDENT'S	USUAL O	CCUPATIO	ON		165 KBN	D OF BUS	INESS/IN	DUSTRY	
E	(Specify onl	y highest grade	College (1-4 or 5	(G	Do NOT us	work done	durina mo	st of worki	ng					
COMPLET	10th	,	Comege (1-4 of 5		ruck	Dr	ive	-		A	grid	cult	ure	
ő	17. FATHER'S NAME (First, M							18. MOT	HER'S NAI	ME (First, Middle	e, Malden	Surname)		
BE (John Ad	ams				Lo	tti	e Sta	nfor	d		
2	19a. INFORMANT'S NAME (Type/Print)												29902
-	Howard W		S						lag	e, Pa				
	20a. METHOD OF DISPOSIT 1 Bellet 2 Crematic	n 3 🗆 Rem	oval from State	20b. PLACE A cemetery, cre	matory or o	ther plece,	1			DATE				own, Stata
	4 Donation 8 Other 21. SIGNATURE OF FUNERA		ENSEE	Harmo	эпу				SS OF FAC		Har	mor	ny,Maryland	
	► 700° A	1 1	60								-Esk	< O W	Fun	eral Home
	111004	ay t	- Token			P	0 B	ox 4	13,	Feder	alsb	ourg	, M	D 21632
	23. PART I. Enter the d shock, or h	eert fellure.	complications the List only one cet	it caused the de use on each line	ath. Do r	not enter	r the mo	de of dy	ing, auci	n aa cerdiec	or reapl	ratory as	rreat,	Approximete Interval Between
	IMMEDIATE CAUSE (Fir disease or condition	nel	A	0	A /	1 .			ιΔ					Opset and Death
	reaulting in death)	→	a. TOU	CE CONSE	A	DI	AC			RE	51			IKULE
_		_	CONE	OR AS A CONSECUTION OF AS	COENCE OF	141	-)	E	11.16	5			HOONIC
2	Sequentially list condit		DUE TO	(OR AS A CONSEC	DUENCE OF									- III-ONIC
3	cause. Enter UNDERLY	ING	HYPER	TIENS	WE	-(AR	DIO	VAS	CULB	RL)use	316	CHroNIC
CERTIFICATION	that initiated events resulting in death) LAS		OUE TO	IOR AS A CONSEC	DUENCE OF	F):								
SER			d			-								
	PART II. Other algolitice	ent condition	a contributing to	deeth but not r	esulting	In the u	nderlyln	g ceuse	given in	Part I. 24s	. WAS AN		240	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL										_ 1	YES 2	V		COMPLETION OF CAUSE OF DEATH?
WE														1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ock only one)				
IYS	YES 2 NO			ER/Outpatient 3		4 🗌 Nu	rsing Hom		esidence	8 Other (Sp				
	1 Netural 5	Pending	28a. DATE OF (Month, D		28b. TIM INJ	URY M		URY AT PRK? YES 2	- NO	28d. DESCRI	BE HOW IF	NJURY OC	CURED	
ВУ	0 0 0 1111	Investigation	28e. PLACE C	F INJURY — At ho	me, farm, i	street, fac			_ 140	281. LOCATIO	N (Street a	and Numbe	or Rural	Route Number,
TED	4 Homicide	Could not be determined	building,	atc. (Specify)						City or To	wn, State)			Toda Transon,
Ž.	29a. CERTIFIER 1 CERT	TIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occum	ed at the	time deta	and place	and dua	to the causele) and man	nor on oth	tod	
COMPLETED														s) and manner as stated.
BE C	296 SIGNATURE AND TITLE	OF CERTIFIE	MA	Done	0.	M.		29c. LIC	ENSE NUM	BER ((29d, DA	TE SIGNED	(Month, Pay, Year)
5	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	4 27) (Type,	Print)	L.	1	146	264		- 6	2/1	5/74
	CEIJ	ENSE	MU	D, Be	X	69	0	\mathcal{D}_{l}	=N	MOJ	M	D	21	629
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	an's signature doon-Randa	00)							
	JUN 14 94		dr. wo part	mos - Nation										

3. TIME OF DEATN

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Black

Specify:

1 YES 2 NO

white

21158

Approximata

Interval Betwe

Onset and Death

mmediate

Unknown

MD

8. BIRTHPLACE (State or Foreign

Maryland

est 2:00A

070	physician
DALLIMORE, MARTLAND ZIZIS-UUZU	ifthis nours after death. Page 6 may be retained by the hospital or attending physician
חקו	spital or
LAN	the ho
MARI	etained by
ואבי נ	тау ре
3	Page 6
AL	death.
	urs after
	Dir no
5	是

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

Pages 1, 2, 3

permit.

burial-transit

age of

38

use

è

detached

8 Ħ

should notified

page pe

n by the removal.

9

cremation. the

burial.

8

Mental Hygiene

traumatic

other

6

injury, the

Shows

23

Hem certificate h

6 the

marked,

.00

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

CAUSE (Disease or Injury

resulting in death) LAST

25. WAS CASE REFERBED TO MEDICAL

that initiated events

filled in

completely event, 1

and

physician prior certificate

attending

signed by the any

peed 6 has be Dept. (

this c

After

death

DIRECTOR: A hours after ditem 28 is

FUNERAL WITHIN 72 h

TO THE HOSPITA TO THE FUNERA TO filed within 7.

must

examiner

medical

	40
	50
	3
-	ĕ
4	6
0	皇
3	*
2	P
000	윤
3	ᅙ
4	퉗
×	0
3	8
V	63
0	F
	2
<u>~</u>	吾
U	90
0	9
-	每
P	40
S	0
0	2
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	law requires that the death certificate be executed within
-	12
0	20
1	50
9	·F
ш	8
œ	5
	*
_	10
4	60
_	E
>	3
	3
4	S
0	2
0	풊
7	OR ATTENDING PHYSICIAN: The Is
	3
0	5
-	Z
S	1
-	-
>	-
=	8
	-
	SPITAL
	5
	恣
	9
	36

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 4 1994 YEAR July Eileen LaVerne Becker 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 3/23/1937 IF UNDER 1 YEAR IF UNDER 24 HRS DAYS 1 M 2 X F HOURS YRS. 215-34-2084 57 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1523 Littlestown Pike Westminster Carrol1 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 18c, CITY, TOWN OR LOCATION MD Westminster Carrol1 10e. STREET AND NUMBER 10f. ZIP CODE 10r CITIZEN OF WHAT COUNTRY? 21158 United States 1523 Littlestown Pike 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married FORCES? 1 YES 2 NO 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 n/a Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Howard Esworthy Margaret Helen 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1523 Littlestown Pike, Westminster, MD Raymond C. Becker 20s. METHOD OF DISPOSITION
1 Devial 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 7/7/94 DATE 20c. LOCATION - City or Town, State Evergreen Memorial Gardens Finksburg, MD 21, SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate Cause (Cardiac Cardiac Card IMMEDIATE CAUSE (Final disease or condition was us prostony M resulting in death) DUE TO (OR AS A CONSEQUENCE OF) XSCUD Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE If any, leading to immediate cause. Enter UNDERLYING

PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPS WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 DAD OF DEATH? 1 TYES 2 NO

715

194

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 YES 2 NO ng Home 5 Rasidence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28c, INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 2 Natural 5 Pending Investigation M 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 🔲 Homicide

29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To like best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. BIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

26. PLACE OF DEATN (Check only one)

033599

30. NAME AND ADDRESS DEPERSON WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print)

Philip Goteway Medical Center Westminster. 31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATUR

Telia Much

DHMH-18 Rev 1/89

To a Contract of Medical Control statements of the ATTES

	1
-	
8760	
9	
00	
(0)	
_	
\times	
0	
U	
BOX 6876	
_	
-	
0	
<u> </u>	
P.O.	
10	
07	
er	
-	
0	
~	
U	
ш	
~	
<u> </u>	
1	
=	
•	
_	
-	
L	
~	
O	
_	
ISION OF VITAL RECORDS,	
0	
0	ĺ
	i
W)	ĺ
3-	ė
-	
~	í

1 - FOR STATE REGIST STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First,													
	DORIS	, Middle, Last)		Bow	iF					MONTI		AY	YEAR 194	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB	SER	5. SEX	6. AGE (In yrs. Is		IF UNDER	1 VEAD	IF UNDER	94 1490	TUI	OF BIRTH	0 19		IPLACE (State or Forei
	215 - 38 - 3		1 □ M 2 😿 F	82	YRS.	MONTHS	DAYS	HOURS	MIN,	May	Day Year)	1912	Countr	ryland
	9e. FACILITY NAME (If not in		street and number)			9b. CITY,	TOWN C	OR LOCATION	ON OF DE			9c. COUN	TY OF D	EATH
DIRECTOR	Greater Lau		eltsville	Hospita	al	La	urel	L				Pr:	ince	George
ក្ត	RESIDENCE OF DEC	10b. COUNT	Y		10c CIT	TY, TOWN O	R LOCAT	TION						10d, INSIDE CITY
<u>E</u>	Maryland	Drin	nce Georg	10	P	rel	W COOK	non-						LIMITS?
	10e, STREET AND NUMBER	LLLI	ice deorg	<u></u>	Lau	rer	101	1. ZIP CODI				I son CITI	ZEN OF V	1 YES 2 X N
R	8813 Briarc	roft I	ano					2070				log. Cit.	U.S	
FUNERAL	11. MARITAL STATUS	LOLC L	12. WAS DECEDE	NT EVER IN U.S. A	RMED	13. 1	WAS DEC			IIC OBIGIN	17 (Specify Yes	nor No.		
BY	1 Never Married 2 X 3 Widowed 4 Divo		FORCES?	1 YES 2 WAR OR DATES	NO	1	f yes, sp	ecify Cubs	n, Maxica	n, Puerto I	Rican, etc.)		Speci	E — American Indian k, Whita, etc. ily: White
COMPLETED		EDENT'S EDU		16a. D	ECEDENT'S	work done of	CCUPATIO	ON ost of working	ar .	16b	KIND OF BU	SINESS/IND		
H	Elementary/Secondary (0		College (1-4 or 5	+)	n. Do NOT u	ise retired.)								
MP			Years	S	chool	Tead	cher				owie F		Scho	ol
	17. FATHER'S NAME (First, M		,								Widdle, Maiden	Sumame)		
BE	Walter Darb		nan							ttit				
9	19a. INFORMANT'S NAME (7)										ber, City or Tow			20722
	Henry A. Boy								ane,	_	rel, N			
	1 Burial 2 Cremetio 4 Donation 6 Other	n 3 🗆 Rem	noval from State	20b. PLACE cemetery, cr TVV	ematory or o	other place)	THON (No	erne of		DAT		CATION —		
	21. SIGNATURE OF FUNERAL		ÇENSEE	1 100	ultt			ND ADDRE	SS OF FA		20 Lau	rer,	mary	yıand
	1/1/	40	611	//		Do	onal	ldson	Fun	eral	Home,			
	REWU	U Jan	y Chil	CP.		2.	20 0	* * *			T 7	Man	בוזי	nd 20707
	IMMEDIATE CAUSE (Findingers)	eart failure.	List only one ce	at coused the duse on each lin	eeth. Do	not enter	the mo	l'albo	ng, suc	h aa cerc	lac or reap	Iratory arm	est,	Approxima interval Be
TIFICATION	IMMEDIATE CAUSE (FIR	iona, diate	e. Due To	at coused the duse on each lin	EQUENCE O	or:	the mo	ode of dyl	ng, suc	h aa cerc	lac or reap	iratory arr	est,	Approximation
AL CERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immediates. Enter UNDERLY! CAUSE (Disease or injust that initiated events	iona, diate ING	e. Due To	O (OR AS A CONSE	EQUENCE O	PF):	O()	slic	ng, suc	e an corr	Ken II	AUTOPSY	est,	Approximatinterval Bet Onset end
MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immercause. Enter UNDERLIV CAUSE (Disease or injuthat initieted events resulting in death) LAS	iona, diate ING	e. Due To	O (OR AS A CONSE	EQUENCE O	PF):	O()	slic	ng, suc	e an corr	Kew II	AUTOPSV	est,	Approximatinterval Be Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset en
MEDICAL	IMMEDIATE CAUSE (Findiseese or condition resulting in death) Sequentielly list conditi if any, leading to immer cause. Enter UNDERLY! CAUSE (Diseese or injuthat initieted events resulting in death) LAST PART II. Other significations are caused to the cause of the	iona, diate ing ing ing ing ing ing ing ing ing ing	e. DUE TO C. DUE TO d	O (OR AS A CONSE	COUENCE O	PF:	derlying	g cause g	given in	Part L	LEGATION TERROR	AUTOPSV	est,	Approximatinterval Bet Onset end Ons
SICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition resulting in death) Sequentielly list conditi if any, leading to immediate cause. Enter UNDERLY! CAUSE (Diseese or injuthat initiated events resulting in death) LAS: PART II. Other significations are sufficient in the signification of the	iona, diate ing ing ing ing ing ing ing ing ing ing	e. Due To b. Due To c. DUE To d	O (OR AS A CONSE	COUENCE O	OTHER	dertying	ode of dyl	given in	Part L	DAN THE PERFORM	AUTOPSV	240.	Approximatinterval Bet Onset end Ons
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition resulting in death) Sequentielly list condition if any, leading to Immediate cause. Enter UNDERLYI CAUSE (Diseese or Injuthat Initieted events resulting in death) LAST PART II. Other signification of the cause	iona, diate ing ing ing ing ing ing ing ing ing ing	e. Due To b. Due To c. DUE To d	O (OR AS A CONSE	COURNE O	OTHER	derlying	g cause g	given in	Part L	LEGATION TERROR	AUTOPSV	240.	Approximatinterval Bet Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset en
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition resulting in death) Sequentielly list condition if any, leading to immediate cause. Enter UNDERLY! CAUSE (Diseese or injuthat initieted events resulting in death) LAS: PART II. Other signification in the cause of the cause	iona, diate ing int condition	b. Due To c. Due To d. HIOSPITAL: 10 Inpetiant 2 28s. DATE Of /Moren.	O (OR AS A CONSE	COUENCE O	OTHER 4 Num	derlying	g cause g	given in	Part L. Part L. 28d. DES	DAN THE PERFORM	AUTOPSY THEOTY AND AUTOPSY THEOTY AND AUTOPSY THEOTY AND AUTOPSY THEOTY AND AUTOPSY THEOTY AND AUTOPSY THEOTY AND AUTOPSY THEOTY AND AUTOPSY THEOTY AUTOPSY THEOTY AUTOPSY THEOTY AUTOPSY THEOTY AUTOPSY THEOTY AUTOPSY THE	246.	Approxima interval Be Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset en
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition resulting in death) Sequentielly list condition if any, leading to immediate cause. Enter UNDERLY! CAUSE (Diseese or injuthat initieted events resulting in death) LAS' PART II. Other signification in the condition of the condition in t	iona, diate NG III III III III III III III III III	b. DUE TO C. DUE TO d	O (OR AS A CONSE O (OR	COUENCE O	OTHER 4 Num	derlying 28. Pt. 21. Ing Hom 28c. INJ 1 1 1	Q CRUBE (given in	Part L. Part L. 286, DES	24a. WAS AN PERFOR	AUTOPSY NAMEDY NAMEDY NAMEDY NAMED N	24b.	Approximatinterval Be Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset en
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition resulting in death) Sequentielly list condition if any, leading to immediate cause. Enter UNDERLY! CAUSE (Diseese or injuthat initieted events resulting in death) LAS' PART II. Other signification in the condition of the condition in t	iona, diate indicate	b. DUE TO c. DUE TO d. DUE TO	O (OR AS A CONSE O (OR	COUENCE O	OTHER 4 Num	derlying 28. Pt. 21. Ing Hom 28c. INJ 1 1 1	G CRUSE (CACE OF D	given in	Part L. Part L. 28d Ditter 28d DES	24a. WAS AN PERFOR	AUTOPSY NAMEDY NAMEDY NAMEDY NAMED N	24b.	Approximatinterval Bet Onset end ons
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition resulting in death) Sequentielly list condition if any, leading to immediate cause. Enter UNDERLY! CAUSE (Diseese or injuthat initiated events resulting in death) LAS: PART II. Other signification in the condition of t	oatt failure, nel	e. DUE TO b. DUE TO c. DUE TO d	OF BUILDRY - At h., etc. (Specify)	COURNE O	OTHER OTHER OTHER Street, factor on, in my or	derlying 28. Pt. 21. Ing Hom 28c. INJ 1 1 1	G CRUSE (CACE OF D	given in	Part L. Part L. 28d Ditter 28d DES	24a. WAS AN PERFOR	AUTOPSY NACOT MADE AND MADE AN	24b.	Approximatinterval Bet Onset end Ons
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition resulting in death) Sequentielly list condition if any, leading to immediate cause. Enter UNDERLY! CAUSE (Diseese or injuthat initieted events resulting in death) LAS PART II. Other signification in the cause of the cause	one trailure, nel in a condition of the	b. DUE TO b. DUE TO c. DUE TO d	OF BUILDITY OF BUILDITY OF BUILDITY OF BUILDITY OF BUILDITY OF BUILDITY At he examination and/or	COUENCE O	OTHER OTHER OTHER Street, factor on, in my or	derlying 28. Pt. 21. Ing Hom 28c. INJ 1 1 1	G CRUSE (CACE OF D	piven in EATH (Ch. sidence) NO	Part L. Part L. 28d Ditter 28d DES	ATSON (Stroet or Town, State)	AUTOPSY NACOT MADE AND MADE AN	24b.	Approximatinterval Be Onset end Onse
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition resulting in death) Sequentielly list condition if any, leading to immediate cause. Enter UNDERLY! CAUSE (Diseese or injuthat initieted events resulting in death) LAS PART II. Other signification in the condition of the condition in th	one trailure, nel in a condition of the	b. DUE TO b. DUE TO c. DUE TO d	OF BUILDRY - At h., etc. (Specify)	COUENCE O	OTHER OTHER OTHER Street, factor on, in my or	derlying 28. Pt. 21. Ing Hom 28c. INJ 1 1 1	G CRUSE (CACE OF D	piven in EATH (Ch. sidence) NO	Part L. Part L. 28d. DES 28f. LOC. Chy :	24a. WAS AN PERFORM IN TROUBLE HOW I	AUTOPSY NACOT MADE AND MADE AN	246. TURED or Flow F	Approximatinterval Be Onset end Onse

permit.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

	1. DECEDENT'S NAM
	4. SOCIAL SECURITY 222-18-4
OR	90. FACILITY NAME (
DIRECTOR	DELAWARE
FUNERAL	100. STREET AND NU 509 STA
В	11. MARITAL STATUS 1 Never Merried 3 Widowed 4
TED	(Spe
COMPLETED	12YRS.
8	17. FATHER'S NAME (

品

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

0

<u>s</u>

E STATE

FOR STATE REGISTRAR

resulting in death)

that initiated events

t Natural

2 Accident

3 Suicide

4 Homicide

Sn		
þ		
detached		9000
2		Ħ
should		ntiffed
6.5		č
pad		4
director,		r mis
funeral (yamine
the ch	DVa	7
9	E	dic
P	0	ě
1	00	P
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	I, cremati	marked or liem 23 shows any injury or other traumatic event the medical examiner must be notified at once
o D	Ĭ,	1
all all	to b	E
Sicial	prior	Ē
€	Je .	har
guipi	Hygie	r of
rten	lal	9
the a	Men	Cities
3	and	>
Dang	alth	2.0
SI	운	3
pee	t. 0	e de
has	Dep	23
cate	state	fam
ertifi	the 5	20
nis C	ALL	per
After th	death v	mark

94 20628 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last)
NORMAN CLIFFORD 2. DATE OF GEATN 3. TIME OF GEATN BAYLIS 1994 JUNE 22, 3:02 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign (Month, Day, Year) IOV. 7,1930 222-18-4283 1 X M 2 - F 63 YRS. NOV. MARYLAND 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY SUSSEX **SEAFORD** 1 X YES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 509 STATE STREET 19973 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Ricen, etc.) YES 2 XNO Specify Specify: WHITE 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY PROJECT COORDINATOR College (1-4 or 5+) Elementary/Secondary (0-12) MANUFACTURING ENGINEER 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CLIFFORD COLE BAYLIS MAMIE LONG BAYLIS 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) COLLEEN R. BAYLIS 509 STATE STREET SEAFORD, DELAWARE 19973 20s. METHOD OF DISPOSITION
1. Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE ODD FELLOWS CEMETERY 4 Donetion 5 Other (Specify) 6/26/94 SEAFORD, DELAWARE 21. SIGNATURE OF FUNDRAL SERVICE LICENȘEE 22. NAME AND ADDRESS OF FACILITY WATSON-YATES FUNERAL HOME, INC. SEAFORD, DELAWARE 19973 23. PART I. Enter the disastes, or complications that caused the de shock, or hom failure. List only one cause on each line or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, **Approximate** Interval Between IMMEDIATE CAUSE (FIRM Onset and Death disease or condition Sepsis walk DUE TO (OR AS A CONSEQUENCE OF): heart failure Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE t TYES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO

resulting in deeth) LAST PART II. Other algoriticent conditions contributing to death but not resulting in the underlying ceuse given in Part I.

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES Ø NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 WNO Inpetient 2 - ER/Outpetient 3 - DOA 27. MANNED-OF DEATH 28a. OATE OF INJURY

8 Other (Specify) 28h, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY

1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

281. LOCATION (Street end Number or Rural Route Number,

29e. CERTIFIER
1 DECERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner es stated.

2 MEDICAL EXAMINER: On the besis of mination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

	0	KIL	M	Vine	1	NO	
, NAME AND	ADDRESS	OF PERSON	уно сомы	ETED CAUSE OF	DEATH	(ITEM 27) (Type	P

Investigation

8 Could not be

29c. LICENSE NUMBER

22 191 6

Johns Hopkins

TO THE HUMBAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours aler death. Page 6 may be retained by the hospital or attending physician.

THE HUMBAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be made at a few man 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

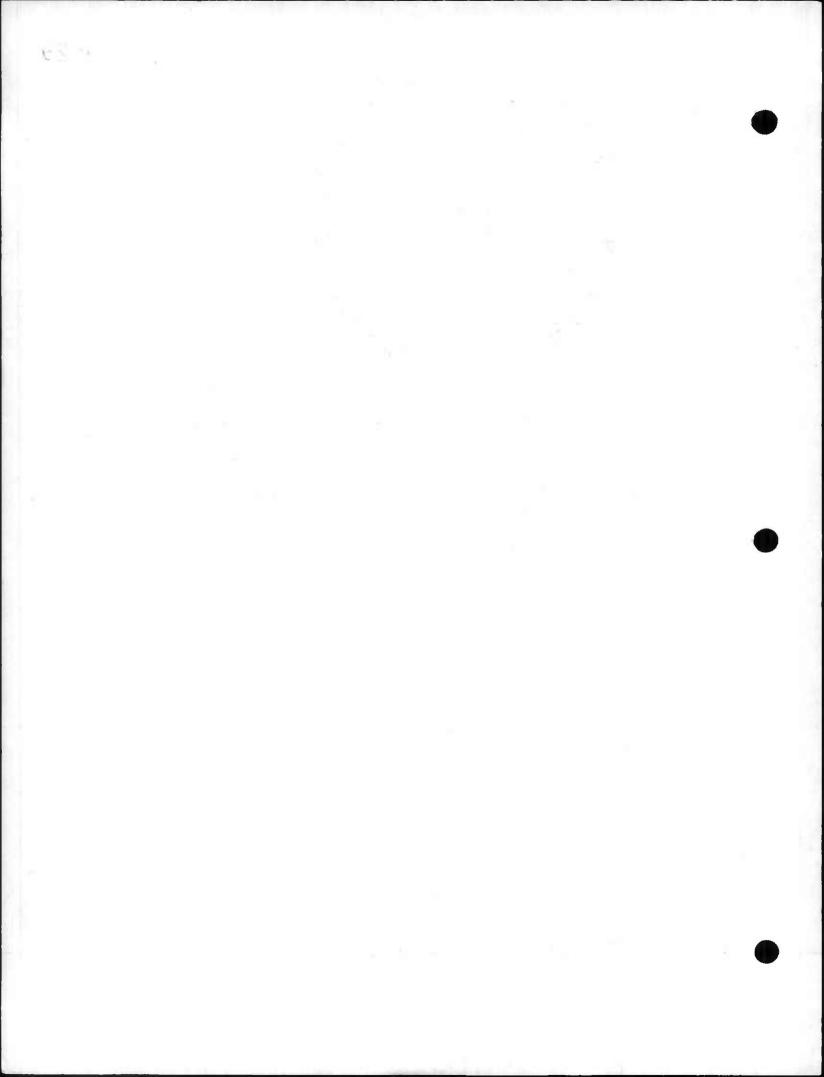
MPORTANT: If Ifem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

150

(1) 4

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN													
	đ	ESSIE	Α.			BL	IYN	7 5		June	DA		YEAR	1940
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1		IF UNDER	R 24 HRS.	7. DATE OF B	IRTH) / /	A BIRTHR	LACE (State or Foreign
	214-30-85	-	1 🗆 M 2 🔀 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	5-17	-19	09	Country)	RGINIA
~	9e. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	PENINSULA REGIONAL MEDICAL CENT			ER		SA	LISB	URY			1	WICOM:	ICO	
E C	10a, STATE 10b. COUNTY			10c. CITY	TOWN OF	LOCAT	ION					1	Od. INSIDE CITY	
	MD. WICOMICO					HEBI	RON						,	LIMITS?
FUNERAL	10e, STREET AND NUMBER							ZIP COD				10g. CIT		AT COUNTRY?
N.	ATHOL	RD.				-		218:				L	U.S.	
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2			YES 2 W	O	11	yes, spe	ecity Cuba	en, Mexicar	IIC ORIGIN? (Sp n, Puerto Rican,	ecify Yea , atc.)	or No-	Black,	American Indian, White, atc.
ВУ	3 Widowed 4 Divo	rced	IF YES, GIVE Y	WAR OR DATES		1	☐ YES	² X NO	Specify				Specify:	WHITE
		EDENT'S EDUC y highest grade		(G/	CEDENT'S L	ork done du	CUPATIO	N st of worki	ing	16b. KINI	OF BUS	INESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0)-12)	College (1-4 or 5	1/10	Do NOT use	settred.)					OW	N HO	OME	
OM	17. FATNER'S NAME (First, M	iddle, Last)						18. MOT	HER'S NAI	ME (First, Middle	, Maiden	Surname)		
BE	JOHN A							1	MINN	IE TI	NCH			
2	194. INFORMANT'S NAME (1		RNS TTI							ON , M				
1	20a. METHOD OF DISPOSIT	ON		20b. PLACE A		_			IIIDI	DATE			City or Tow	n, State
	1- flurtel 2 □ Cremento 4 □ Donation 5 □ Other	in 3 ∐ Hamo (Specify)	ovel from State	PO!		and the same of	E			6-26	P	OWEI	T.V.T.	J.F. MD
	21. SIGNATURE OF STINERA	21. SIGNATURE OF STATE LICENSEE POWELLIVILLE MD. 22. NAME AND ADDRESS OF FACILITY												
	* Sua	ld C	100	una	8		ВО	UNDS	s FU	NERAL	НО	ME,S	SALIS	BURY, MD.
Ì	23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. Liet only one cause on each line. Approximate interval Between													
	IMMEDIATE CAUSE (Final Onset and Deeth													
	disesse or condition resulting in death)	→	. Athe	rosclero.	tic	Caro	dis	Vasc	uler	disc	use			days
		_	DUE TO	(OR AS A CONSEC	DUENCE OF):								1
6	Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CONSEC	UENCE OF):					-			
3	cause. Enter UNDERLY	ING	p											
F	thet initiated events resulting in deeth) LAS		DUE TO	(OR AS A CONSEC	UENCE OF):								
CERTIFICATION	d.													
		PART II. Other aignificent conditions contributing to death but not reculting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PREFORMENT 24b. WERE AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO AN AUTOPSY FINDINGS TO ANALOGOUS TO ANALOG												
EDICAL	Prolong	Performed by popularing + anoxia Performedy MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									OMPLETION OF CAUSE			
Σ	DID TODACC	O LICE C	- ITDIDITE										1	☐ YES 2 ☐ NO
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO													
并	27. MANNER OF DEATN		28a, DATE OF	INJURY	286. TIME	OF :	28c. INJ			28d. DESCRIB		NJURY OC	CURED	
BY		Pending Investigation	(113,117)			M		ES 2 [□ NO					
		Could not be	28a. PLACE (building.	F INJURY At hor atc. (Specify)	me, ferm, st	reet, facto	ry, offic			281. LOCATION City or Tox	V (Street a	ind Numbe	r or Rural Ro	ute Number,
E		4 Nomicide determined												
COMPLETED	anal		CIAN: To the best of											
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE							place, an							
							re Signed (Month, Day, Year)						
2	30. NAME AND ADDRESS OF	F PERSON WH	COMPLETED CAU	SE OF DEATH (ITEM	1 27) (Type.	Print)		U4	172					
							11	3/0/	2	colich	(da	100	121	201
	Dr Stephan Povios 1560 Riverside Dr. Su B101, Scelisbury Md. 21801 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE													
	JUN 2	24 1994	1 Taliad	Muchen Re	rlall.									
					-									DHMH-16 Rev 1/89



DS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a burs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

itemi 7-22-94 riima715 w.n.per r/n

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.			
,	1. DECEDENT'S HAME (First, Middle, Leet) JOHN	А	BEGLIM Be	glin		2. DATE OF DEATH	30	1994	3. TIME OF DEATH 06:20	134
	4. SOCIAL SECURITY NUMBER 265-38-9741	1 🕅 M 2 🗆 F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 05-11-14	r)		IPLACE (State or Forei	-
OR O	90. FACILITY HAME (If not institution, give st THE JOHNS HOPKII	NS HOSPITAL	91	BALTI	MORE CI	ATH		HTY OF D		
ן ק	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	I so CITY T	OWN OR LOCAT						
DIRECTOR	Pennsylvania Adam	s County				ettysbur	0		10d. IHSIOE CITY LIMITS? 1XXYES 2 N	o
FUNERAL	100. STREET AND NUMBER 100 King ts	Street		101	17325	,	10g. CIT		VHAT COUHTRY?	
B	11. MARITAL STATUS 1 Hever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, sp	DECENDENT OF HISPAHIC ORIGIN? (Specify, specify Cuban, Mexican, Puarlo Rican, etc.) YES 2 X HO Specify:		Yea or Ho - 14. RACE - Americ		rly:	,
	15. DECEDENT'S EDUC (Specify only highest grade	CATION COMMISSION	16a. DECEDENT'S US	JAL OCCUPATION	OH .	16b. KIHD OF	BUSIHESS/IN		LE .	
COMPLETED	1Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use no Accountar		st or working	Natio	nal In	et i	of Health	
Š Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mei		<u>st.</u> (JI DEALL	
BE	Ferdinand Begli	LN				hine Vand				
2	Gordon Beglin		7399 H	illsid	nd Number or Rural I	Route Number, City or t. Airy,	Town, Stete, Zi	p Code)		
1	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Reme	oval from Stata	20b. PLACE AND DATE OF D	ISPOSITION (Na	me of	OATE 20c	LOCATION -	City or To		
	4 Donation 5 Other (Specify)	ENSEE	Evergreen C		V ADDRESS OF FA	7-5-94 (Cettys	burg.	Pa.	
!	· C. Brian	Paul !				GILITI			,Md. 211	36
	23. PART i. Enter the diseeses, or o shock, or heart failure.	complications that cau	sed the deeth. Do not	enter the mo	de of dying, auc	h aa cerdlec or re	eepiretory a	reat,	Approximet	
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	mvoc	cardial in	fareti	n acu	le			Onset and E	
		OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): D. OUE TO (OR AS A CONSEQUENCE OF):								
	Sequentially list conditions, if any, leading to immediate	OUE TO (OR	S A CONSEQUENCE OF):	OLE ()	7.04	hours		1	11/11/10	ر ب
3	CAUSE (Disease or Injury	c. angl	ON A CONSEQUENCE OF :	percut	aneous	harsly	wing		Shou.	25
CERTIFICATION	that initiated events resulting in death) LAST	d								
- 11	PART II. Other significent condition	s contributing to deel	h but not resulting in t	he underlyin	g cause given in	Part i. 24s, WAS	AN AUTOPSY	24b	. WERE AUTOPSY FINE	DINGS
DICAL	coronary 1	1 Hery 2	reage				FORMED?	-	AMAILABLE PRIOR TO COMPLETION OF CAL	
ME					/				OF DEATH?	,
	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF D	EATH Y	ES NO					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PI	ACE OF DEATH (Ch	eck only one)				
PHYS	1 TYES 2 NO	1 Inpetient 2 ER/0	Outpetient 3 DOA 4	Nursing Nor		6 Other (Specify)				
	1 P Netural 5 Pending	(Month, Day, Ye	RY 28b. TIME O INJUR	. wo	URY AT PRK? YES 2 HO	28d. OEŞCRIBE HO	W IHJURY OC	CUREO		
D 67	2 Accident Investigation 3 Suicide 5 Could not be	28e. PLACE OF IHJ building, atc. (URY — At home, farm, atre			28f. LOCATION (Str	reet and Numbe	or Rural F	Route Number,	
ш	4 Homicide detarmined	banang, att. (City or Town, S	rare)			
COMPLET			nowledge, death occurred a						e) end menner as stat	ied.
H H	29b. SIGNATURE AND THE OF CERTIFIER	id		· · ·	D 45 7	ABER 46	29d. DA	SIGNED 30	(Month, Day, Year)	\exists
2	30. HAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DOEATH (ITEM 27) (Type, Pri	John	s Host 1	us Has	ihl			
	31. DATE FILED (Mont), Day, Year)	A2: REALTRAL'S	Partell.	// //			, - /			
- 10	1111 1 4 1001									

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	---	--

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
	JAIIES	JAMES AKOS	KA BY	TIE	R	2. DATE OF DEATH DO NONTH DO NOTH DO	1994	3. TIME OF DEATH 7. 35 PM
	217 16 0132	1 12 M 2 □ F 85	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.)9 Mar	yland
TOR	Prince George's RESIDENCE OF DECEDENT			Cheve	erly	EATH	Prince	George's
DIRECTOR	Maryland Charl		10c. CITY, 1	own on Local			10d. INSIDE CITY LIMITS? 1) YYES 2 NO	
FUNERAL	too. STREET AND NUMBER General Deliver				20617		10g. CITIZEN OF	WHAT COUNTRY?
BY FUN		12. WAS DECEDENT EVER IN IT FORCES? IV YES IF YES, GIVE WAR OR DAT 1 42 — 1 4	EVER IN U.S. ARMED 13 YES 2 NO 15 OR DATES			NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	Blac Spec	'
COMPLETED		TION	16a. DECEDENT'S US (Give kind of word life. Do NOT use n	done during mo stired.)			SINESS/INDUSTRY	lack
	12th 17. FATHER'S NAME (First, Middle, Lest)		Custou	Lall	of Education Surname)			
BE	Joseph Butler 190. INFORMANT'S NAME (Type/Print)					sa Young		
2	Andre Butler					Poute Number, City or Town		20000
	20e METHOD OF DISPOSITION	al from State 20b. F	1440 Laurel Ridge Dr., Mechanicsville, Mi					
	4 Donetion 5 Other (Specify)	IMa:	ryland	Vetera	INS Cem	7/5/94 (Chelten	ham.MD
	· Lloyd	m. Est	to)	Adan	is Fune	ral Home, ad. Aquas		20608
	23. PART I. Enter the diseases, or conshock, or heart failure. Listem IMMEDIATE CAUSE (Final	st Dnly Dne cause Dn aac	ch line.	enter the mo	de of dying, suc	h aa cardiac or reapi	ratory arreat,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A C	CONSEQUENCE OF):	a con	und			
ATION	Bluent like the transmission							
CERTIFICATION	CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST	DUE TO (DR AS A C	S A CDNSEDUENCE DF):					
DICAL C	PART II. Other eignificant conditions					04000		D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDI	arleure		sers		Rocu	YES 2		COMPLETION OF CAUSE OF DEATH? t YES 2 NO
A N	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF					
SICI	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
PHYSICIAN:	27. MANNER DF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME D	F A 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	« car
р Вү	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	280. PLACE OF INJURY -	99 5:00 At home, ferm, stre			281. LOCATION (Street	and Nugiber or Bucal	Route Number,
ETED	4 Homicide determined	Riverson				City or Town, State)	RRUNU	TOWN ALD
COMPLE		AN: To the best of my knowled On the basis of examination (s) end menner as stated.
BEC	29b. SIGNATURE AND TITLE DF CERTIFIER	rille	u D		29¢ LICENSE NUN	ABER C7G	29d. DATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHID	COMPLETED CAUSE OF SEAT	TH (ITEM 27) (Type, Pr	RAFT	IN DR	e, Lande	WAID	20172
	31. DATE FILED (Month, Day, Year) JUL 0 7 1994	32. REMISTRAN'S SIGNAT			·-·			

Pages 1, 2, 3

permit.

use as the burial-transit

for

detached

page 5 should

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1270

32 AEGISTRAR'S SIGNATURE

Michael A. Stong

7-142 5 1994

31. DATE FILED (Month, Day, Year)

DIVISION OF VITAL

	96	irec	E
	2	al d	9
	att.	uner	E
	r de	at a	EX
•	afte	by th	Cal
	SUL	E 2	Ded
	ž	illed n. c	
	9	ath t	=
	with	plet	ent
	Per	al, a	3
	Becul	nd in	atic
-	8	to to	5
)	e D	Sici	E
	fical	De Jo	he
)	ped	Sing	등
	ath	al H	0
ĵ	de	he all	Š
	#	y th	E
	that	be the	any
	Sauce	Signi	82
	edu	en of	9
	M.	s be	65
	he	e Pa	E
	N.	Staf	iii
•	CIA	the the	0
,	HYS	Sie	6
	6 9	th th	and a
,	NIO	Aft	99
	TEN	OR.	00
	AT AT	PECT IN a	E
	0	200	=
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner m
	OSP	J. In	N
	H	E ¥	FE
	王	王号	5
	2	23	=

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR FRANKLIN OSCAR CAVE JULY 2,1994 4:27PM 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign May 13, "1924 MARYLAND 217-16-5995 70 1 DMLEF 9e. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CARROLL COUNTY GENERAL HOSPITAL WESTMINSTER CARROLL DIRECTOR RESIDENCE OF DECEDENT MD STATE CARROLL TA TEY TOWN OR LOCATION 10d. (NSIDE CITY 1 YES 2 NO 101. ZIP CODE 21787 FUNERAL 127 E. BALTIMORE ST. 10g. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-it yes, specify Cuben, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DAYES YES WWII 1 TES 2 NO Specify: BY 3 Widowed 14 Piverged WHITE 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) POULTRY FARMER EGG PRODUCTION once. 17. FATHER'S NAME (First, Middle, Las 18. MOTHER'S NAME (First, Middle, Maiden Surneme)
MARY ALICE LUKAS KEMPER HENRY CAVE 76 BE notitied 19e. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number of Figurel Route Number, City or Town, State, Zip Code) 442 LITTLESTOWN PIKWESTMINSTER MD 2 JOYCE BAKER 21158 pe CREMATION 20e. METHOD OF DISPOSITION

† Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION — City or Town, State DATE must CARROLL CREMATION, INC. HAMPSTEAD, MD 7/4 4 ☐ Donetion 5 ☐ Other (Specify) D. HARTZLER & SONS 22. NAME AND ADDRESS OF FACILITY D. 21. SIGNATURE OF FUNERAL BERVICE LICENSEE athorine NEW WINDSOR, MD or remova medical 23. PART I. Enter the disease, or complications that course the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause in each line. Approximata interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) MYOCANDIAL INFARCTION - V. FIB. ACMTE DUE TO (OR AS A CONSEQUENCE OF): ASCVO SEVERE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING ENO-STAGE CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO any I DIABBYES CHADNIC NEWAL COMPLETION OF CAUSE OF DEATH? t YES 2 NO 7100 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 inpetient 2 ER/Outpetient 3 DOA 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1- Natural 5 Pending M 1 YES 2 NO NO . BY NA NA 2 Accident investigation 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide MA. 29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Yber) BE muhanea, se 019926 7/3/94

. carroll co. Gen. Horp, E. D.



BALTIMORE, MARYLAND	TO'THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with burst after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. Not the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
LA	y th	pe de		at o
R	ned t	pine		po
A	retai	S SP		otif
-	20	age		ber
H	mag)	0,0		net
9	100	direct		E
Ē	9	E S		Ē
AL	deat	fun		exa
m	after	y the	TIONA	cal
	Sinc	5	or reg	Ped
	7		Ou.	he n
	40	eter	mag	ıt,
46,	M M	фшо	5	eve
31	acut	o pui	Danie	atic
×	De en	ian a	2 20	mne
30	ate	hysic	Du G	it it
Ċ.	ertific	d Du	gien	othe
0.	the	tendi	E L	6
·	e de	he at	Ment	ET,
Ö	at th	6	and	y in
OF	as th	Sued	alth	3
C	quire	in Sign	분	NO.
ď	W Te	e pee	P.	3 8
AL	The last	e ha	e D	m 2
=	AN:	tifical	e Sta	=
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	YSICI	2 080	5	d, o
0	王	A CO	II W	arke
0	DING	Afte	dea	E
S	TEN	STOR .	after	28
\leq	OR A	OIRE(ours	E H
	K	Z	2	Ξ
-	MOSP	UNE	JIEPIN	ANT
16	N. W.	포	be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	ORT
3/4	1,01	DO	De f	ME
1	CORP	5		

	1 - STATE STATE OF MARYLAND		TMENT OF H			ENTAL HYGIEN	E						
	1. DECEDENT'S NAME (First, Middle, Last) Ethel K	Zav. Coo	12		1	2. DATE OF DEATH	9	YEAR :	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs.	. last birthday)	IF UNDER 1 YEAR	IF UNDER 26	HRS.	7. DATE OF BIRTH (Month, Day, Year)	-	8. BIRTHPLACE (State or Foreign Country)					
	218-48-5437 1 M & DF 79	YRS.	9b. CITY, TOWN		OF DEAT	4-4-15	Mary						
TOR	Villa St. Michael RESIDENCE OF DECEDENT			imore				one					
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?				
	Maryland None 100. STREET AND NUMBER	Ba	ltimore 10	. ZIP CODE			YES 2 NO						
FUNERAL	4800 Seton Drive				215			d States					
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Colvorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		if yes, sp	ENDENT OF ecity Cuben, 2 NO	Mexican,	ORIGIN? (Specify Yea Puerto Rican, atc.)	or No—	I4. RACE - Black, Specify Whit					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		USUAL OCCUPATI rork done during me e retired.)			16b. KIND OF BUS	SINESS/INDU		Le				
MPL	7	Homema	ker				naker						
E C0	17. FATHER'S NAME (First, Middle, Last) Julius Wosch			200	er's name Ethel	(First, Middle, Maiden	3.20						
TO BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street			unki ute Number, City or Tow		Code)					
۴	Nancy K. Stettmeier					Vestminis							
	1 → Buriel 2 ☐ Cremation 3 ☐ Removal from State Office	er place)	's Ceme		tory or		CATION — C		ty, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	ND ADDRESS		ke Funeral							
	Harry H. Witzhe)	4112	01d (Colum	mbia Pike	E111	cott	City21043				
	23. PART I. Enter the diseases, or complications that coused the shock, or heart failure. List only one cause on each immediate Cause (Final disease or condition resulting in death) DUE 10 (OR AS A COM-	ilne.	0 2				ratory arre	et,	Approximate interval Between Onset and Death				
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Diseese or injury that initieted events resulting in death) LAST												
LCE	PART II. Other algoriticant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS												
PHYSICIAN: MEDICA						PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
IAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpetien	n 3 🗆 DOA	OTHER:			Other (Specify)							
ВУ РН	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28b. TIMI	URY W	URY AT ORK? YES 2 _		28d. DESCRIBE HOW I	NJURY OCC	URED					
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — A building, etc. (Specify)	it home, ferm, s	street, factory, offi	:0	2	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination and								and menner as stated.				
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	- K	10	29c. LICEN	ISE NUMB	72	29d. DATE	SIGNED ((Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH AROUND B. B.B. B.	20 /	Print)	He	ejh	£, 2	120	P					
	31. DATE FILED (MOOTE) Day Year) 32. JEGISTRAN'S SIGNATUR 34. Jahra January	Rardall											

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician,	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within relours after death. Page 6 may be retained by the brospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CI	ERTIFI	CATE	OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Mick	Russell Bev	erly Cr	eight	on			2. DATE OF MONTH JUNE	25, DAY	1994	FAR	IME OF DEATH	
4. SOCIAL SECURITY NUMBER 217-14-8071	5. SEX	6. AGE (In yrs. les 86	YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	May	BIRTH 27, 190	08	Mary	E (State or Foreign Land	
94. FACILITY NAME (If not instituti	on, give street and number)		9b. CITY, 1	TOWN O	R LOCATION OF O	EATH		Y OF DEATH				
Dorchester (General Hospi			Can	nbridge			rches	ster			
RESIDENCE OF DECED	ENT											
10e. STATE 10b	COUNTY	10c. CITY	, TOWN OR							INSIDE CITY LIMITS?		
Maryland	Dorchester		Car	mbri	idge				ıX∂	YES 2 NO		
100. STREET AND NUMBER				10f.	ZIP CODE			10g. CITIZE	N OF WHAT			
412 Glenburr	Avenue					21613				US		
Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO						NIC ORIGIN? (an, Puerto Ric ify:	Specify Yes o	or No— 14		merican Indian, He, etc. Vhite	
15. DECEDEN	IT'S EDUCATION	16a. DE	CEDENT'S	USUAL OCC	CUPATIO	N	16b. K	IND OF BUSH	NESS/INDUS	TRY		
15. DECEDER (Specify only high Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Beverly France, INFORMANTS NAME (For Co.)	College (1-4 or 5 d) Iffe.	. Do NOT us	cork done du e retired.) Capta		t of working	N	Marine	Tran	sport	ation	
17. FATHER'S NAME (First, Middle,				16. MOTHER'S N.	AME (First, Mid	dle, Malden S	umame)	_				
Beverly Fran	nk Creighton					Laure	ena Aar	con				
190. INFORMANT'S NAME (Type/P Donald R. Cr					es Cambr				ode)			
20a METHOD OF DISPOSITION 1 D Burlel 2 Cremation 3 4 Donation 5 Other (Spe	Removal from State	ANDDATE C	of DISPOSIT	ON/Nam	ne of 11 Park	OATE 20c. LOCATION — City or Town, State						
21. SIGNATURE OF UNERAL SE	RVICE LICENSEE		22. N/	AME AN	D ADDRESS OF F							
I All Li	Roma				s Funera ocust S			e. Md	. 216	13		
23. PART I Enter the disease shock, or heart IMMEDIATE CAUSE (Final	sea, or complications the failure. Liet only one cau	t coused the de se on each line	eth. Do n	ot enter t	he mod	le of dying, au	ch as cerdia	c or respire	etory arres	it,	Approximate Interval Between Onset and Dasti	
disease or condition Lung cancer-non-small-cell									i	4 yrs.		
resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											2	
Chronic Obstructive Pulmonary Disease									į	20 yrs.		
Sequentially list conditions if any, leading to immediate	Sequentially list conditions,									1	20)15.	
cause. Enter UNDERLYING Cigarette smoking										50 yrs.		
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant care care care care care care care care	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other algolificant c	onditions contributing to	deeth but not i	resulting i	n the und	erivina	ceuse olven ir	Part I. 2	4a. WAS AN A	UTOPSY	24b. WER	E AUTOPSY FINDINGS	
Cerebro	vascular Acc:					•		PERFORM	NED?	AMA	LABLE PRIOR TO	
		240110			7		— ¹	YES 2	NO		DEATH?	
							_			1	YES 2 NO	
			-									
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HQSPITAL:			OTHER:		ACE OF DEATH (C	heck only one)					
1 TES 2 NO	1)5 inpetient 2		1	4 - Numbr	ng Home	5 Residence		-				
1 Separation 2 Laure	26e. DATE OF (Month, D tigation	INJURY ay, Year)	28b. TIMI	E OF 2 URY M	BC. INJU WOF 1 Y	JRY AT RK? ES 2 NO	26d. DESC	NI WOH 38IF	JURY OCCU	RED		
O Cutatata		F INJURY — At ho etc. (Specify)	ome, ferm, s	street, factor	ry, office			ION (Street an Town, State)	id Number or	Rural Route	Number,	
anal	NO PHYSICIAN: To the best of EXAMINER: On the basic of a										menner se stated.	
	CERTIFIER \			-		29c LICENSE NI	MAFR	Т	204 DATE S	NONEO (Mo-	oth Day Year)	
Rosena M. Hury MV D-43707 ▶ June 30												
30. NAME AND ADDRESS OF PER Rosemary M. I	Harris. M.D.	408 By	rn St		mbr:	idge MD	21613			18		
31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	14			A				1		
.1111 0 1 199	14 Julia d'auce	horatorial	4									
	0										OHMH-16 Rev 1	

mingrangery to that to till

BALTIMORE, MARYLAND 21215-0020

68760,	
BOX	
, P.O.	
RECORDS	
VITAL	
ON OF	
DIVISIO	

							1 20000					
	1 - FOR STATE OF MARYLA		TMENT OF HEA		IENTAL HYGIEN	_						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH					
	OMAR CLAGGETT	CANNO	N Tr		JUNE 27		4 12:30 PM					
-	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (I	SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF LINDER 24 HRS. 7. DATE OF BURTIN										
		42 YRS.	MONTHS DAYS HO	URS MIN.	06/27/1	952	8. BIRTHPLACE (State or Foreign Country) Maryland					
	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN OR LO	OCATION OF DEA	ATH	9c. COUNTY	OF DEATN					
O R	BEAVER DAM RD. TRAPP Talk											
5	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											
DIRECTOR	Maryland Dorchester	100.01	Cambridg				10d. INSIDE CITY LIMITS? 1 YES 2 H ND					
FUNERAL	100. STREET AND NUMBER 4000 Steeles Neck Road		10f. ZIP	2161.	3	10g. CITIZEI	U.S.A.					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FDRCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	It yes, specify		C ORIGIN? (Specify Yee, Puerto Rican, etc.)	or No — 14	Black, White, etc. Specify:					
	112/22/09-1						White					
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	USUAL OCCUPATION work done during most of	working	16b. KIND OF BUS	SINESS/INDUS	TRY					
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	iile. Do NOT u ₩ €	eaver		Wire	Belt	S					
S S	17. FATNER'S NAME (First, Middle, Last)			MOTHER'S NAM	IE (First, Middle, Maiden	Sumeme)						
E 111	Omar Claggett Cannon, Sr. Rachel Mae Warfield											
일	199. INFORMANT'S NAME (Type/Print) Miss Anna Mae Cannon 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 1502 Race St., Cambridge, MD. 21613											
examiner must be	20a METNOO OF DISPOSITION 1 X Burial 2 Cremetion 3 Removal trom State 4 Donation 5 Other (Specify)	PLACE AND DATE	of Disposition (Name of the place) on Cemete	orv (y or Town, State					
ě	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	L CCIII a	22. NAME AND A	DDRESS OF FAC	ILITY							
exami	* Fooler Holrray-Bro	Must	//				Home, P.A. MD. 21613					
2	23. PARCLY. Enter the diseases, or complications that caused	the death. Do	not enter the mode of	of dying, such	ss cerdiac or reepi	retory srres	t, Approximete					
medica	ehock, Dr heert fellure. List pnly one ceuse on each line.											
2	iMMEDIATE CAUSE (Fins) disease or condition		6.1	0.01.0			Unset and Death					
event,	resulting in death) s. OVTILCT DUE TO (OR AS A	CONSEGUENCE	SHOT W	OUN	OF Utos	T						
	202 10 1011 125 1	CONSEGUENCE	۲).				İ					
y, or other traumatic CERTIFICATION	Sequentielly list conditions, If any, leading to immediate	CONSEQUENCE O	F):									
SA I	csuse. Enter UNDERLYING											
TIFIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A	CONSEQUENCE O	F):									
FI	resulting in desth) LAST											
5 -	PART II. Other significent conditions contributing to deeth be	ut not condition	le abolicado do do o	or along to B	Sieve I an investigation							
red, or Item 23 snows any injuin PHYSICIAN: MEDICAL	TANT II. Other admitted contributing to deeth be	ut not resulting	in the underlying cs	iuse given in r	Part I. 24a. WAS AN PERFDF		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
					1 N YES 2	□ NO	OF DEATH?					
snows any I: MEDIC					_		1 TES 2 NO					
S Z	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF										
SC E	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OTHER:	OF DEATH (Chec	ck only one)							
YS	1 XYES 2 NO 1 Inpetient 2 ER/Outp.		4 - Nursing Nome 5	☐ Residence 8	Other (Specify)							
P G	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)		JURY WORK?	/	28d. DESCRIBE NOW I							
marked, BY PH	2 Accident Investigation			2 (N) ND	SUBJECT	> 140	7 3600					
	3 Saleide 8 Could not be determined 28e. PLACE OF INJURY building, etc. (Spec	At home, term,	street, factory, office		281. LOCATION (Street of City or Town, State)							
	An OFFICER				Paynabb		: 17/11/23					
필를	(Check only CERTIFTING PHYSICIAN: 10 the best of my knowl											
	2 MEDICAL EXAMINER: On the basis of exemination	end/or investigation	on, in my opinion, death	occured at the ti	lme, date end place, en	d due to the o	ceuse(s) end menner ee stated.					
BE COMPLE	29b. MGNATURE AND TITLE DF CERTIFIER	41 4 -	296	c. LICENSE NUMI		29d. DATE S	HGNED (Month, Day, Year)					
10 E	mounte vone une	M		O.C.N	1.E.	J	UNE 28,1994					
IF	30. NAME AND ADDRESS OF PERSON WND COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type	Print)									

111 Penn Street, Baltimore, Maryland 21201

JUN 3 U 1994 +1 VA

111 Per 32. REGISTRAR'S SIGNATURE

OHMH-16 Rev 1/89

4	
760	
9	
8	
BOX 68760	
~	
2	
\simeq	
ш	
~	
Ų	
0.0	
-	
S	
RECORDS,	
œ	
$\overline{\Box}$	
$\tilde{\sim}$	
\sim	
*	
_	
⋖	
\vdash	1
5	
	i
OF VITAL	
Ç	
~	-
	i
$\overline{\mathcal{Q}}$	
SION	
	١

TO THE HUSFIAL DRATENDING PHYSICIAN: The law requires that the death certificate be executed with mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. FOR STATE REGISTRAR

						OAIL	O.	DLA	1		EG. NO.				
	1. DECEDENT'S NAME (First, Mick	dle, Last)							- 1	2. DATE OF D	EATH	,	YEAR	3. TIME OF DEATH	
	George S									June	27	19	94	3.35PM M	
	4. SOCIAL SECURITY NUMBER	5. 5	SEX	6. AGE (in yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE OF B	IRTH		6. BIRTH	PLACE (State or Foreign	
	212-18-6309	1 [2 □ F	79	YRS.	O O	2	HOURS	MIN.	June 2		915	Country		
	99. FACILITY NAME (If not instituti			7.5			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA							yland	
c												AIR			
2	VA MEDICA		PERRY POINT						CECIL						
Di I	10e. STATE 10b	10c CITY	. TOWN OF	LOCAT	1011						10d. INSIDE CITY				
E										- 1	LIMITET				
0		ICOMI	.00)	ALIS								1 PYES 2 NO	
₹	10e. STREET AND NUMBER			101	ZIP CODI	E			10g. CITI	ZEN OF W	HAT COUNTRY?				
ii I	702 LINCOLN	AVEN	IUE					2180	1		- 1		U.S	3.	
5	11. MARITAL STATUS	13. W	AS DEC	ENDENT C	F HISPANI	C ORIGIN? (Sp	ecify Yes	or No-		— Americen Indian, White, etc.					
-	1 Never Married 2 Merried FORCES? 1 FES 2 NO If yes,								Mexican Specify:	, Puerto Rican	atc.)				
	3 Widowed 4 Divorced	- W	ORLD	WAR II				E [25] 110	оросну.				WH	ΪΤΕ	
COMPLETED	15. DECEDEN	T'S EDUCATIO	ON .	16e. DE	CEOENT'S	USUAL OC	CUPATIO)N		16b. KINI	OF BUS	INESS/IND			
	(Specify only high Elementary/Secondary (0-12)		illege (1-4 or 5+	life.	ive kind of w Do NOT us	ork done di retired.)	uring mo	st of workin	g	-					
7	12	~	mege (I-4 OF 5 +		ATER	MAN					CEAL	-000			
N	17. FATHER'S NAME (First, Middle,	I net1		VV	AIL	MAN						-00D			
								-		IE (First, Middle					
BE	CHARLES TH		COLE							E BEL					
2	19a. INFORMANT'S NAME (Type/P	Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural A	oute Number, C	ity or Town	, State, Zip	Code)		
	CHARLES BE	RENT (COLE		702	LIN	COL	N A	/Ε	SALI	SBU	RY.	MD.	21801	
	20e. METHOD OF DISPOSITION 1 Dauriel 2 Cremetion 3	(7) -		20b. PLACE	ANDDATEC	FDISPOSI			101	DATE		ATION —			
	4 Donetton 5 Other (Spec		from State	Cemetery, cre	matory or of URY	rer place)	TEI	o v		6/30	MT.	VED	MON	. MARYLAND	
	21. SIGNATURE OF FUNERAL SE	RVICE LICENSE	EE	1 430	Uni				SS OF FAC		111.	VEN	IVOIV.	MARTLAND	
	()	HINMAN FUNERAL HOME, INC.													
	2	Uni	(4	_ M002	95	11673 SOMERSET AVENUE PR ANNE MD 21853									
	23. PARTY Enter the disease	sea, or comp	olications that	caused the da	ath. Do n	ot anter t	he mo	da of dyl	ng, auch	aa cardiac	or respir	atory arr	eat,	Approximate	
- 1	anock, or naart	fallure, List	only one cau	se on each line										interval Between	
- 1	IMMEDIATE CAUSE (Finel disease or condition														
	e. Endstage Chronic Obstructive Pulmonary DIs. Due to (on as a conscouence of):														
- 1	DUE TO (OR AS A CONSEQUENCE OF):														
Z	Saguantially list conditions	b													
E I	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	Z c													
E	that initiated events		DUE TO	OR AS A CONSE	DUENCE OF):									
E	resulting in death) LAST														
5															
甘	PART II. Other significant co	onditions co	ntributing to	death but not r	eaulting i	n the unc	lerlying	ceuse g	given in F	Part I. 24s.	WAS AN A			WERE AUTOPSY FINDINGS	
EDICAL														AMILABLE PRIOR TO COMPLETION OF CAUSE	
										_ '-	YES 2	KI NO		OF DEATH?	
Σ										-				1 YES 2 (2)40	
Z															
3	25. WAS CASE REFERRED TO ME EXAMINER?		SPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)					
	A THE A THE			ER/Outpatient 3	□ DOA			5 □ Re	eldence (Other (Spe	icity)				
YSI	1 TYES 2 NO							JRY AT		28d. DESCRIB	E HOW IN	JURY OCC	UREO		
HYSI	27. MANNER OF DEATH	17.1	(Month, Day, Year)			JRY M		ES 2	NO						
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pend		(MOIRI), DE	2 Accident Investigation											
BY	27. MANNER OF DEATH 1 Neturel 5 Pend 2 Accident Inves	tigation	28e. PLACE OF	FINJURY At ho	me, tarm, a	reet, tecto	ry, office			28t, LOCATION	(Street or	nd Number	or Rural Ri	oute Number	
BY	27. MANNER OF DEATH 1X Natural 5 Pend 2 Accident Inves 3 Suicide 8 Coult	tigation	28e. PLACE OF	FINJURY At he inte. (Specify)	me, tarm, a	treet, tecto	ry, office	1		281, LOCATION City or Tox		nd Number	or Rural R	oute Number,	
BY	27. MANNER OF DEATH 1. Netural 5 Pend 2 Accident Inves 3 Suicide 8 Coult 4 Homicide detan	d not be	28e. PLACE Of building,	ite. (Specify)						City or Tov	vn, State)			oute Number,	
BY	27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Inves 3 Suicide 8 Coult 4 Homicide 8 Coult detan 29s. CERTIFIER (Check only)	d not be	28e. PLACE Of building,	FINJURY — At ho atc. (Specify)						City or Tov	vn, State)			oute Number,	
BY	27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Inves 3 Suicide 8 Coult 4 Homicide 8 Centifier (Check only	d not be mined	28e. PLACE Of building.	my knowledge, de	ath occurre	d at the tin	ne, date	end placa,	, and due t	City or Tov	end meni	ner ee state	ed.	oute Number,	
COMPLETED BY	27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Inves 3 Suicide 8 Coult 4 Homicide 8 Centifier (Check only	d not be mined NG PHYSICIAN: EXAMINER: On	28e. PLACE Of building.	my knowledge, de	ath occurre	d at the tin	ne, date	end place, eath occur	, and due t	City or Tovion the cause(e)	end meni	ner ee state	ed. e cause(s)	and menner ee stated.	
BY	27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Inves 3 Suicide 8 Coult 4 Homicide 8 Coult detar 29s. CERTIFIER (Check only one) 2 MEDICAL	of not be milned NG PHYSICIAN EXAMINER: On	28e. PLACE Of building, and the best of a the best of a the best of ex	my knowledge, da	ath occurre	d at the tin	ne, date	end place, eath occur 29c. LICE	, and due to the tensor number of the tensor number	City or Tow to the cause(e) Ime, date end BER	end meni	due to the	ed. e cause(s) E SIGNED	and menner ee stated. (Month, Day, Year)	
BE COMPLETED BY	27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident 8 Could 4 Homicide 8 Could detan 29a. CERTIFIER (Check only one) 2 MEDICAL 29b. NONSTONE AND TITLE OF	nd not be mined NG PHYSICIAN: EXAMINER: On CERTIFIER	28e. PLACE Of building, To the best of a the bests of ex	my knowledge, da emination end/or	ath occurre	d at the tin	ne, date	end place, eath occur 29c. LICE	, and due t	City or Tow to the cause(e) Ime, date end BER	end meni	due to the	ed. e cause(s) E SIGNED	and menner ee stated.	
E COMPLETED BY	27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Inves 3 Suicide 8 Coult 4 Homicide 8 Coult detar 29s. CERTIFIER (Check only one) 2 MEDICAL	d not be mined MG PHYSICIAN: EXAMINER: On DERTIFIER	28e. PLACE Of building, i	my knowledge, de	ath occurre	d at the tin	ne, date	end place, eath occur 29c. LICE D 3	, and due to the tense NUMI	City or Tou	end meni	due to the	ed. e cause(s) E SIGNED	and menner ee stated. (Month, Day, Year)	
BE COMPLETED BY	27. MANNER OF DEATH 1X Netural 5 Pend 2 Accident 8 Coult 4 Homicide 8 Coult detar 29a. CERTIFIER (Check only one) 2 MEDICAL 29b. SIGNATURE AND TITLL OF COUNTY OF	d not be mined MG PHYSICIAN: EXAMINER: On DERTIFIER	28e. PLACE Of building, i	my knowledge, de	ath occurre	d at the tin	ne, date	end place, eath occur 29c. LICE D 3	, and due to the tense NUMI	City or Tou	end meni	due to the	ed. e cause(s) E SIGNED	and menner ee stated. (Month, Day, Year)	
BE COMPLETED BY	27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident 8 Coult 3 Suicide 8 Coult detar 29a. CERTIFIER (Check only one) 2 MEDICAL 29b. NONSTORE AND TITLL OF COUNTY OF COUN	d not be mined MG PHYSICIAN: EXAMINER: On DERTIFIER	28e. PLACE Of building, i	my knowledge, de	ath occurre	d at the tin	ne, date	end place, eath occur 29c. LICE D 3	, and due to the tense NUMI	City or Tou	end meni	due to the	ed. e cause(s) E SIGNED	and menner ee stated. (Month, Day, Year)	
BE COMPLETED BY	27. MANNER OF DEATH 1X Netural 5 Pend 2 Accident 8 Coult 4 Homicide 8 Coult detar 29a. CERTIFIER (Check only one) 2 MEDICAL 29b. SIGNATURE AND TITLL OF COUNTY OF	d not be mined MG PHYSICIAN: EXAMINER: On DERTIFIER	28e. PLACE Of building, i	my knowledge, da emination end/or	ath occurre	d at the tin	ne, date	end place, eath occur 29c. LICE D 3	, and due to the tense NUMI	City or Tou	end meni	due to the	ed. e cause(s) E SIGNED	and menner ee stated. (Month, Day, Year)	

State of the state

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the fospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 nours after death. Page 6 may be retained by the hospital or attending physician.

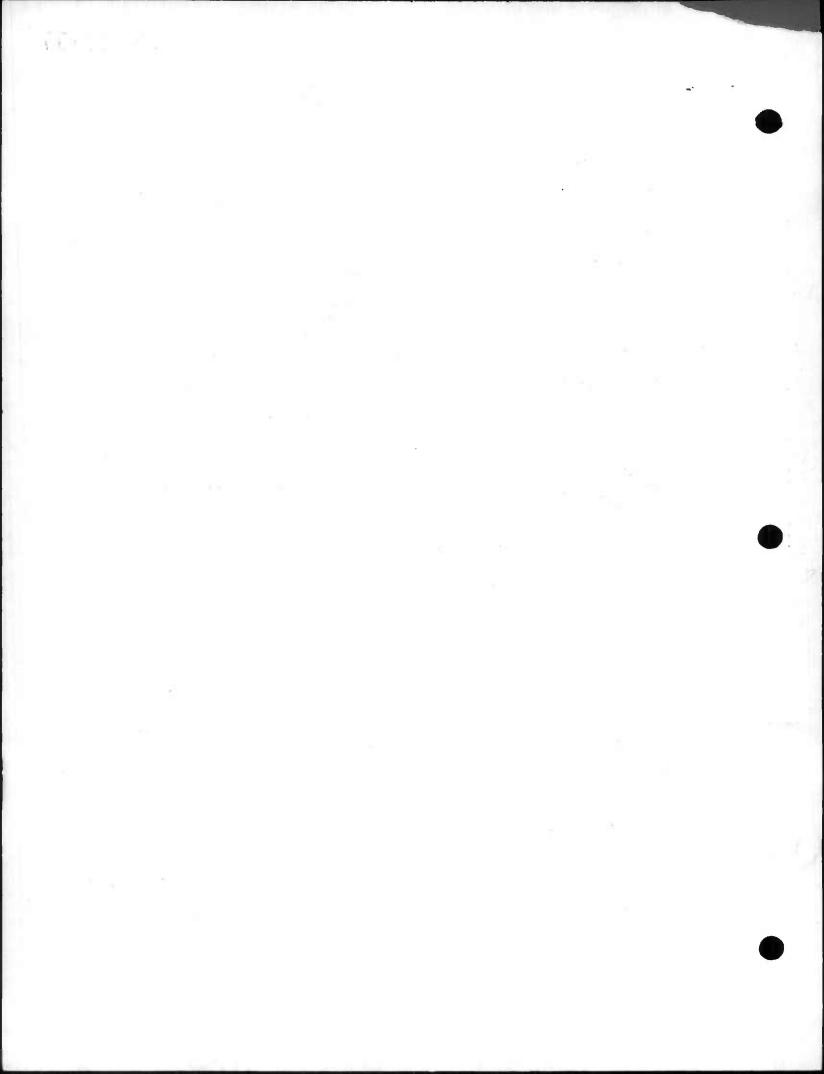
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

N

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR.															
	Mary E	. Cos	tello							JU		30	94	2:20 AM		
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs	s. last birthday)	-	ER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		a. BARTH	PLACE (State or Foreign		
	217-20-45		1 🗆 M 2 🔀 F	8	5 YRS.	MONTHS	DAYS	HOURS	MIN.		h, Dey, Year) 31_10	0.8	M C			
	9a. FACILITY NAME (If not in					9b. CIT	CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
O.	Union Hos	spital	L				Elkton Cecil						1			
5	RESIDENCE OF DEC		CITY, TOWN OR LOCATION													
DIRECTOR	Md .	10c. Cl				•					10d. INSIDE CITY LIMITS?					
	10e, STREET AND NUMBER		ecil					Mi1						YES 2 NO		
PA	621 Main			10	H. ZIP COD		,		10g. CIT		HAT COUNTRY?					
FUNERAL	11. MARITAL STATUS	SULE							1920			L		S.A.		
	1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	NO	13.	If yes, sp	pecify Cubi	an, Maxica	n, Puarto	f? (Specify Yes Rican, atc.)	or No-		— American Indian, , White, atc.		
ВҰ	3X Widowed 4 Divo		IF YES, GIVE W	AR OR DATES			1 TYES	S 2 X NO	Specify	y:			Speci	White		
		EDENT'S EDUC		16a	. DECEOENT'S	USUAL (OCCUPATI	ION		16b	, KIND OF BUS	INESS/IN	DUSTRY			
E	(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5		(Give kind of life. Do NOT a	work done	durina m	ost of worki	ing							
립	9				[nsul	ato	r				RMR	Cor	p.			
S	O 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last)										Surname)	_				
BEC	John Sim	pson							Flor	cenc	e Spe	nce				
	19a, INFORMANT'S NAME (7				19b. MAILIN	G ADDRES	SS (Street				ber, City or Town		p Code)			
임	Alice Bea	ttie			2061	P16	easa	int '	Val1	Ley	Rd, N	ewa:	rk,	De. 19702		
	20s. METHOD OF DISPOSITION 1 DATE 20s. Description Date 20c. Location - City or Town, 1 Compared to the replace) 20s. Description Date 20c. Location - City or Town, 1 Compared to the replace) 20s. Description Date 20c. Location - City or Town, 1 Compared to the replace) Compared to the replace Compared to the											wn, Stata				
	21. SIGNATURE OF FUNERA	L'SERVICE LIC		22. NAME AND ADDRESS OF FACILITY 259 E. Main							in St					
				Gee Funeral Home Elkton, Md. 21921								d. 21921				
	23 PART I. Enter the di	iseases, or c	complications tha	caused the	death. Do									Approximate		
	snock, or n	aart fallura.	Liat only one cau	se on each	line			,			or 100pm	atory or	reat,			
														interval Between		
	IMMEDIATE CAUSE (Fir disease or condition													Onset and Death		
			MY FLLA			OF):										
2	disease or condition	→	MY FLLA	d rife	echou NSEOUENCE	,										
LION	disease or condition resulting in death) Sequentially list condition	iona,	DUE TO	d rife (OR AS A CON-	Hour -	Foele										
CATION	disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY!	iona,	DUE TO	d rife (OR AS A CON-	Hour -	Foele										
TIFICATION	disease or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events	iona, diate ING	DUE TO	d its OR AS A CON- TICOR AS A CON- ICOR AS A CON-	Hour -	Foele										
ERTIFICATION	disease or condition resulting in death) Sequentially list condition in mechanic cause. Enter UNDERLYI CAUSE (Disease or inju	iona, diate ING	DUE TO	d its OR AS A CON- TICOR AS A CON- ICOR AS A CON-	Hour -	Foele										
L CERTIFICATION	disease or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLY CAUSE (Disease or Injust that initiated events resulting in death) LAS	iona, diate NG iry	DUE TO COLOR TO DUE TO DUE TO A S V II	OR AS A CON	HOUT SEOUENCE C	CV/A		g Cause	given in	Part I.	24s WAS AN	AUTOPRY		Onset and Death		
	disease or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events	iona, diate NG iry	DUE TO COLOR TO DUE TO DUE TO A S V II	OR AS A CON	HOUT SEOUENCE C	CV/A		ng cause	given in	Part I.	24a. WAS AN PERFOR	MED?		Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
	disease or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLY CAUSE (Disease or Injust that initiated events resulting in death) LAS	iona, diate NG iry	DUE TO COLOR TO DUE TO DUE TO A S V II	OR AS A CON	HOUT SEOUENCE C	CV/A		ig cause	given in	Part I.		MED?		Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	disease or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLY CAUSE (Disease or Injust that initiated events resulting in death) LAS	iona, diate NG iry	DUE TO COLOR TO DUE TO DUE TO A S V II	OR AS A CON	HOUT SEOUENCE C	CV/A		g cause	given in	Part I.	PERFOR	MED?		Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
	disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or Injust that initiated events resulting in death) LAS PART II. Other aignifications	iona, diate NG Iny T	DUE TO COLOR TO DUE TO DUE TO A S V II	OR AS A CON	HOUT SEOUENCE C	CV/A	underlyin			_	PERFOR	MED?		Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	disease or condition resulting in death) Sequentially list condition and the cause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART II. Other aignifications.	iona, diate NG Iny T	DUE TO DUE TO A S V II. a contributing to	d Life (OR AS A CON LOC AS A CON AS A CON death but n	HOUT SECUENCE CONSECUENCE CONS	In the u	26. P	LACE OF E	DEATH (Ch	eck only on	PERFOR 1 YES 2	MED?		Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	disease or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS PART II. Other aignifications.	iona, diate NG Iny T	DUE TO A S V C. a contributing to	d inferior (OR AS A CON)	NSEOUENCE COLOR OF TRANSPORTER	OTHE	26. PER:	LACE OF E	DEATH (Ch	eck only on	PERFOR 1 YES 2 Ne) r (Specify)	MED?	24b.	Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other algnifications are successful in the sequence of the se	iona, diate NG Iny T Int condition	DUE TO DUE TO A SVI. Contributing to	d of COR AS A COR	NSEQUENCE COLLEGE OF THE PROPERTY OF THE PROPE	OTHE	26. Pl	LACE OF E	DEATH (Chassidence	eck only on	PERFOR 1 YES 2	MED?	24b.	Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other algnifications are sequentially listed events resulting in death) LAS 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2	iona, diate NG Iny T Int condition	DUE TO DUE TO DUE TO DUE TO A S V II. a contributing to HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 28a. PLACE O	d Life (OR AS A CON CON AS A CON CON AS A CON CON CON CON CON CON CON CON CON CON	NSEOUENCE COMMISSEOUENCE THE U	26. Pi	LACE OF E	DEATH (Chassidence	eck only on 6 Othe 28d. DES	PERFOR 1 YES 2 Per (Specify) GCRIBE HOW IN	NJURY OC	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS PART II. Other eignification in the cause	iona, diate NG Iny T Int condition	DUE TO DUE TO DUE TO DUE TO A S V II. a contributing to HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 28a. PLACE O	(OR AS A CON (OR AS A CON (OR AS A CON death but n ER/Outpatien INJURY 19, Year)	NSEOUENCE COMMISSEOUENCE THE U	26. Pi	LACE OF E	DEATH (Chassidence	eck only on 6 Othe 28d. DES	PERFOR 1 YES 2 Ne) r (Specify)	NJURY OC	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list condition and the cause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART II. Other aignifications are caused in the cause of	iona, diate ING ING ING ING ING ING ING ING ING ING	DUE TO DUE TO DUE TO DUE TO A S V I. a contributing to HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 28a. PLACE OF building,	d Life (OR AS A CON (OR AS A CON death but n ER/Outpatien INJURY ay, Year) F INJURY — A atc. (Specify)	NSEOUENCE CONSEOUENCE THE U	26. P.ER: ursing Hon 26. IN. WC 1	LACE OF E	DEATH (Chr. asidence	6 Othe 28d. DES 28f. LOC	PERFOR 1 YES 2 1 (Specify) GCRIBE HOW IN ATION (Street a or Town, State)	NO NO NJURY OC	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list condition and it is any, leading to imme cause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART II. Other aignifications are all in the cause of injuthat initiated events resulting in death) LAS PART II. Other aignifications are all initiated events resulting in death) LAS 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 THO 27. MANNER OF DEATH 1 Netural 5 THO INITIATION ACCIDENTIAL	iona, diate ING ING ING ING ING ING ING ING ING ING	DUE TO DUE TO DUE TO DUE TO A S V I. a contributing to HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 28a. PLACE O building.	(OR AS A CON (OR AS A CON (OR AS A CON death but n ER/Outpatien INJURY ay, Year) F INJURY — A atc. (Specify) my knowledge	NSEOUENCE CONSEOUENCE THE 4 Nu ME OF JURY M	26. PER: ursing Hon 26. IN. WC 1 Cotory, office	LACE OF E JURY AT DRK? YES 2 [Da a and place	DEATH (Cheasidence	6 Other 28d. DES	PERFOR 1 YES 2 1 YES 2 1 (Specify) SCRIBE HOW IN ATION (Street a or Town, State)	NJURY OC	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list condition of the condition of t	iona, diate NG Iny T Int condition O MEDICAL Pending Investigation Could not be detarmined IFFING PHYSICIAL EXAMINE	DUE TO DUE TO DUE TO A S V I. Contributing to DUE TO A S V II. Contributing to DUE TO A S V II. Contributing to Contributing to Contributing to	(OR AS A CON (OR AS A CON (OR AS A CON death but n ER/Outpatien INJURY ay, Year) F INJURY — A atc. (Specify) my knowledge	NSEOUENCE CONSEOUENCE THE 4 Nu ME OF JURY M	26. PER: ursing Hon 26. IN. WC 1 Cotory, office	LACE OF E	DEATH (Choasidence NO NO No No No No No No No No No No No No No	28d. DES 28f. LOC City to the caustime, data	PERFOR 1 YES 2 1 YES 2 1 (Specify) SCRIBE HOW IN ATION (Street a or Town, State)	NO NJURY OC	24b. CURED r or Rural F	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list condition and it is any, leading to imme cause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART II. Other aignifications are all in the cause of injuthat initiated events resulting in death) LAS PART II. Other aignifications are all initiated events resulting in death) LAS 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 THO 27. MANNER OF DEATH 1 Netural 5 THO INITIATION ACCIDENTIAL	iona, diate NG Iny T Int condition O MEDICAL Pending Investigation Could not be datarmined CAL EXAMINE OF CERTIFIER	DUE TO DUE TO DUE TO DUE TO A S V () a contributing to HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D) 28a. PLACE O building, CIAN: To the best of a:	(OR AS A CON (OR A	NSEOUENCE CONSEOUENCE THE 4 Nu ME OF JURY M	26. PER: ursing Hon 26. IN. WC 1 Cotory, office	LACE OF E	DEATH (Chr asidence NO	28d. DES 28f. LOC City to the cau time, data	PERFOR 1 YES 2 1 YES 2 1 (Specify) SCRIBE HOW IN ATION (Street a or Town, State)	NO NJURY OC	24b. CURED r or Rural F	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
E COMPLETED BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART II. Other algnification in the initiated events resulting in death) LAS 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	iona, diate NG Iny T Int condition O MEDICAL Pending Investigation Could not be determined ICAL EXAMINE ICAL EXAMINE ICAL EXAMINE ICAL EXAMINE ICAL EXAMINE	DUE TO DUE TO DUE TO DUE TO A S V f. a contributing to HOSPITAL: 1 Inpetiant 2 28a. DATE OF (Month, D) 28a. PLACE O Duliding, CIAN: To the best of a:	(OR AS A CON (OR A	NSEOUENCE CONSEOUENCE THE U	26. PER: ursing Hon 26. IN. WC 1 Cotory, office	LACE OF E	DEATH (Choasidence NO NO No No No No No No No No No No No No No	28d. DES 28f. LOC City to the cau time, data	PERFOR 1 YES 2 1 YES 2 1 (Specify) SCRIBE HOW IN ATION (Street a or Town, State)	NO NJURY OC	24b. CURED r or Rural F	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list condition of the condition of t	iona, diate NG Iny T Int condition O MEDICAL Pending Investigation Could not be determined ICAL EXAMINE ICAL EXAMINE ICAL EXAMINE ICAL EXAMINE ICAL EXAMINE	DUE TO DUE TO DUE TO DUE TO A S V f. a contributing to HOSPITAL: 1 Inpetiant 2 28a. DATE OF (Month, D) 28a. PLACE O Duliding, CIAN: To the best of a:	(OR AS A CON (OR AS A CON (OR AS A CON death but n ER/Outpatien INJURY ay, Year) my knowledge tamination and	NSEOUENCE CONSEOUENCE rthe unit on, in my	26. P.ER: unsing Hon 28c. IN. WC 1	LACE OF E	DEATH (Chr asidence NO	28d. DES 28f. LOC City to the cau time, data	PERFOR 1 YES 2 1 YES 2 1 (Specify) SCRIBE HOW IN ATION (Street a or Town, State)	NO NJURY OC	24b. CURED r or Rural F	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART II. Other algnification in the initiated events resulting in death) LAS 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	one, diate ING IT O MEDICAL Pending Investigation Could not be determined CIETING PHYSICAL EXAMINE OF CERTIFIER F PERSON WHO Characters Charac	DUE TO DUE TO DUE TO DUE TO A S V II. a contributing to HOSPITAL: 1 Inpetiant 2 28a. DATE OF (Month, D) 28a. PLACE O building, CIAN: To the best of a: 1 32. REGISTRA 32. REGISTRA	d Life (OR AS A CON (OR AS A CON (OR AS A CON death but n ER/Outpatien INJURY TO ER/Outpatien INJURY To ER/Outpatien INJURY To ER/Outpatien INJURY To ER/Outpatien INJURY To ER/Outpatien INJURY To ER/Outpatien INJURY To ER/Outpatien INJURY To ER/Outpatien INJURY TO ER/OUTPATIEN TO ER/OUTPATIEN	NSEOUENCE (NSEOUE	orthe unit on, in my	26. PER: ursing Hon 26. IN. WC 1 Cotory, office	LACE OF E	DEATH (Chr asidence NO	28d. DES 28f. LOC City to the cau time, data	PERFOR 1 YES 2 1 YES 2 1 (Specify) SCRIBE HOW IN ATION (Street a or Town, State)	NO NJURY OC	24b. CURED r or Rural F	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		



BALTIMORE, MARYLAND 21215-0020

STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

DECEDENT'S NAME (First, Middle, Last)

1 -

ROY

	4
BOX 68760,	Ant.
76	7
28	-
×	-
0	ž
m	4
o	4
\sim	
Т	44
S	9
2	40
Ö	44
ŭ	1
Ψ.	-
Œ	
7	-
\mathbf{F}	É
5	A A Z.
4	016
0	LINA
Z	0
DIVISION OF VITAL RECORDS, P.O. I	OD STTEMBURG DESCRIPTION THE INC. SECTION AND ADMINISTRATE BY AND ADMINISTRATE BY
S	T. C.
S	į
5	00
_	

JAN. 25, DAYS HOURS 1 X M 2 F 54 218-36-4327 YRS. use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR 8939 OLD OCEAN CITY ROAD BERLIN RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND WORCESTER BERLIN FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 8939 OLD OCEAN CITY ROAD 21811 after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-1 Never Married 2 🕅 Married If yes, specify Cuban, Mexican, Pu 1 TES 2 NO Specify: IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only high for Elementary/Secondary (0-12) College (1-4 or 5+) 8 detached HEAD HOUSEKEEPER HOTEL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) director, page 5 should be notified at CHARLES WINTON CALLAHAN NANNIE MILDRED BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 ALICE L. CALLAHAN 8939 OLD OCEAN CITY ROAD, BERLIN, MARYLAND Pe 20a, METHOD OF DISPOSITION
1 № Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 4 Donation 5 Other (Specify) SUNSET MEMORIAL PARK 6/23/94 21. SIGNATURE OF THERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY the funeral HASTINGS FUNERAL HOME, SELBYVILLE, DE. 19975 medical filled in by t 23. PART I. Enter the diseases, or complications that seesed the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. ö IMMEDIATE CAUSE (Fine) completely filler rial, cremation, the disease or condition_ TO (OR AND A CONSEQUENCE OF): resulting in death) event, executed attending physician and con intal Hygiene prior to burial, A traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 the atten shows any injury, PART II. Other significent conditions contributing to death but not recuiting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY signed by the PERFORMED? 1 - YES 2 NO has been bept. of P PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 26. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate I hours after death with the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO me 5 Residence 6 - Other (Specify) 4 🗌 Nu e the 27. MANNER OF OFATH 26e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending investigation BY 14 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, lerm, street, fectory, office building, etc. (Specify) 3 Suicide 40 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 28 4 Homicide ltem men 29a. CERTIFIER (Check anily 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 8 TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 he IMPORTANT: If IN 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER BE Physician D43561 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Franklin BEDEIR 32. DEGISTRAR'S SIGNATURE
Julia Dhurdian-Randall 1994

TEEL

6. AGE (In yrs. last birthday)

5. SEX

94 20638 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF DEATH 1994 YEAR DAY 20, 6:50 A 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1940 WEST VIRGINIA 9c. COUNTY OF DEATH WORCESTER 10d. INSIDE CITY 1 TYES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, atc. Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY 21811 20c. LOCATION — City or Town, State BERLIN, MARYLAND Approximats interval Between Onset and Death 2 months

1 | YES 2 | NO

24b. WERE AUTOPSY FINOINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

28d. OESCRIBE HOW INJURY OCCUREO

29d. DATE SIGNED (Month, Day, Year)

94 0/21

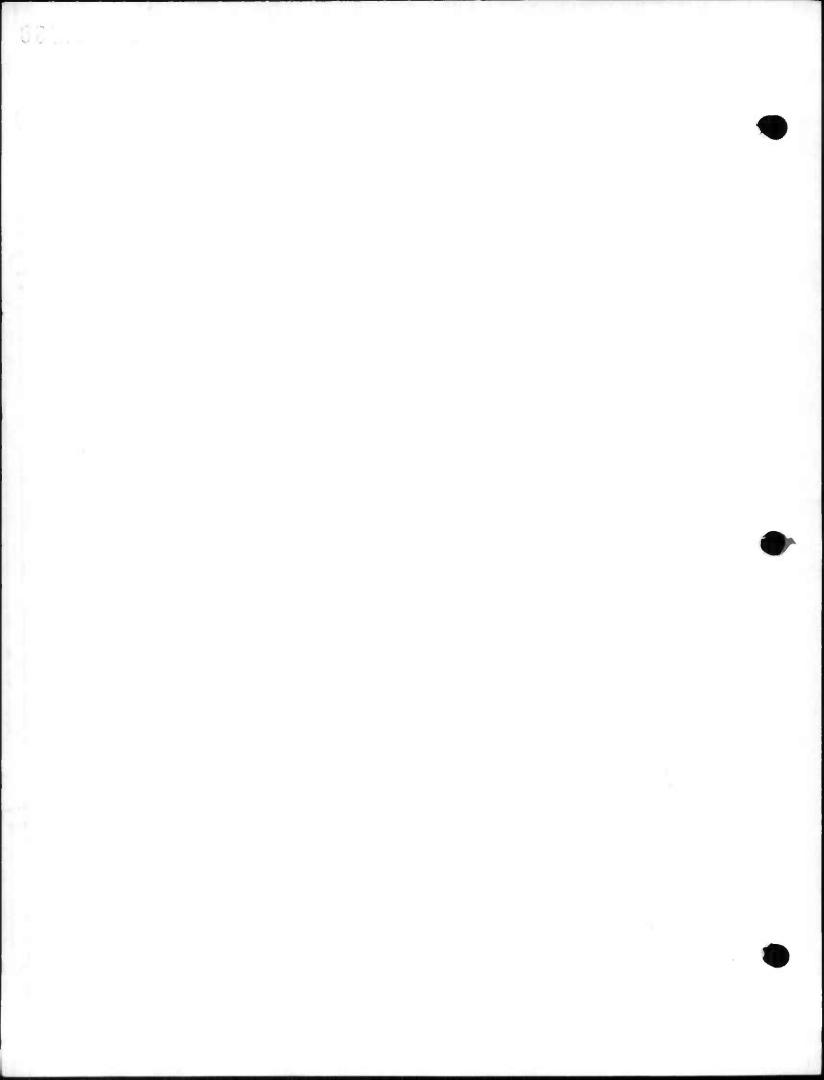
AVENUE STE 108 PERLIN

CERTIFICATE OF DEATH

CALLAHAN

IF UNDER 1 YEAR | IF UNDER 24 HRS.

JUNE



Virginia

9c. COUNTY OF OEATH

Frederick

3. TIME OF OEATN

DHMH-16 Rev 1/89

2. DATE OF GEATN DAY

7. DATE OF BIFTIN

Jan. 18,1903

les 1, 2, 3 should

DECEDENT'S NAME (First, Middle, Lest)

RESIDENCE OF DECEDENT

66

9a. FACILITY NAME (If not institution, give street and number)

Frederick Memorial Hospital

10b. COUNTY

	RECO
	VITAL
	OF
	S
	NIS
	ō

permit. Pages	DIRE	Maryland	106. COUNT	rroll			etour	TION					DIA, INSIDE CITY LIMITS? YES 2 X NO
isi.	FUNERAL	100. STREET AND NUMBER 7920		& Stream	Road		10	11. ZIP CODE 21757					AT COUNTRY?
d in by the funeral director, page 5 should be detached for use as the burial-transit or removal. medical examiner must be notified at once.	BY	11. MARITAL STATUS 1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 2 ☑ IF YES, GIVE WAR OR DATES				IMED NO	If yes, specify Cuban, Maxican, Puerto Rican, atc.)						American Indian, vitta, atc.
or use as	TO BE COMPLETED		CEDENT'S EDU ly highest grade 0-12)		iffe. Do NOT use retired.)						STRY		
detached fi		11 17. FATHER'S NAME (First, A			V	Vard C1	.erk				spita	1	
d at or		Charles Henry Jacob Blose Florence Lucille Funkho										ouser	
be notified		Charles Be		Coffman				and Number or Aurel Ac Stream F					757
rector, pa		20a. METNOD OF DISPOSIT 1. Buriel 2 Cremetic 4 Donation 5 Other	on 3 XRem	oval from State	20b. PLACE	AND DATE OF D	emete	CY	7/9	Elkt	on, \	virgi:	nia
he funeral di al. examiner		21. SIGNATURE OF FUHERA	M.X	Hiles				ND ADDRESS OF FACE Baltimo					
ely fille nation.		23. PARD I. Enter the dahock, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death)	eart failure.	complications that cause List only one cause	on each line	eath. Do not	enter the m	ode of dying, such	as cerdiac	or respira	itory arres	Bt,	Approximata Interval Between Onset end Death
and completely filled burial, cremation, or natic event, the m	Z	DUE TO (OR AS A CONSEQUENCE OF): SEPSIS											
physician and one physician to bunite prior to bunite traumatic	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c. Gay CYENG Beth Feet											
attending physician rital Hygiene prior to	CERTII	resulting in death) LAST											
UNERAL DIRECTOR After this certificate has been signed by the attending physician and complete within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cren. ANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event	MEDICAL	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 # NO 246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
has been Dept. of 23 sho	SICIAN: 1	DID TOBACCO		ONTRIBUTE T	O CAUS	E OF D							
entificate has the State Dept or item 23	YSICI	EXAMINER?	O MEDICAL	HOSPITAL:	VOutpatient 3		THER:	ne 5 Realdence 8		pecify)			
And this ce	ВУ РНУ		Pending Investigation	26s. OATE OF INJ (Month, Day,)		28b. TIME OF	W	JURY AT ORK? YES 2 NO	26d. OESCRI	IBE HOW INJ	JURY OCCU	REO	
ECTOR: After a after death 1 28 is ma	TED	3 Suicide 6	Could not be determined	28a. PLACE OF IN building, atc.	IJURY — At ho (Specify)	ome, farm, stree	it, factory, offi		261. LOCATIO City or To	ON (Street and lown, State)	d Number o	r Rural Rout	te Number,
FUNERAL DIRECT WITH TE YOURS A	COMPLE	Ame)		CIAN: To the best of my									nd manner as stated,
TO THE PUNER be filed within IMPORTANT:	O BE C	29b. SIGNATURE AND THE	IL	Mu		M)	29c. LICENSE NUME D291	92	-	29d. DATE :	SIGNED (M	Ath, Day, Year)
		30. NAME AND AODRESS OF	LUB	IN 56	1h	M 27) (Type, Prir	Jol	enson 1	m	fred	lene	KI	YUZNOZ
		31. DATE FILED (Month, Day,	994 A	al aluebar	randall								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

YRS.

91

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Frederick

0	
02	
0	
0	
. 1	
Ś	
T.	
C	
T	
Ò	
9	
Z	
•	
5	
=	
œ	
IAR	
-	
-	
ш	
α	
0	
\leq	
2	
_	
-	
BAL	
m	
444	
	•
9	
9	
-	

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
	In THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the vince after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	WPORTANT: If Item 28 is marked, or item 23 shows any inlury, or other traumatic event, the medical examiner must be notified at once.
2	TO THE HOSPITAL OF	TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with the	IMPORTANT: If ites

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

	REGISTRAN						OAIL	- 01	DEA	111	HEG. NO	,		
N.	1. DECEDENT'S NAME (First Theodore		Roosevel	t		C	ОX				2. DATE OF OEATH MONTH JULY 5,	199	YEAR	3:00 a M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6 AGE (In yrs. lest	hirthrims	IF UNDER	1 VEAR	IF UNDER	9 24 MDC	7. DATE OF BIRTH	.,,,		PLACE (State or Foreign
	10,000		1 M 2 - F	o. Hat I		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Countr	y)
1 1	226-12-1097		44		74	Tho.					04-03-192			VA
	9a. FACILITY NAME (If not in		,							ION OF OE	ATH	9c. COL	UNTY OF D	EATH
8	114 Wayson'	s Trai	iler Cour	t				Loth	nian,	, MD		Anı	ne Ar	undel
DIRECTOR	RESIDENCE OF DEC													
H	10e. STATE	10b. COUNT	Υ			10c. CIT	Y, TOWN C	OR LOCAT	TION					10d. INSIDE CITY LIMITS?
ō	MD Anne Arundel Lothian									1 YES 2 NO				
A									VHAT COUNTRY?					
FUNERAL	114 Wayson'	s Trai	ller Cour	t						20	711	ι	USA	
I S	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN			13.	WAS DEC	ENDENT (IC ORIGIN? (Specify Ye			- American Indian
	1 Never Married 2 🔀	Married	FORCES? 1			0		ll yes, sp	ecity Cube	nn, Maxican	, Puarto Rican, etc.)			— American Indian, c, White, stc.
8	3 Widowed 4 Divo	rced	WW		NIES.			I TES	2 X NO	Specify			Speci	white
0	15. OEC	EDENT'S EDL			16a. DEC	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BL	SINESS/IN	IDUSTRY	W112 CC
		y highest grad			(Gh	ve kind of	vork done e retired.)	during mo	st of worki	ing	1000 1000 01 00	01112001111		100
12	Elementary/Secondary (0	1-12)	College (1-4 or 5) [
COMPL	10 17. FATHER'S NAME (First, M				nea	vy e	quip	ment	_		r constr		on	
8 8											ME (First, Middle, Maider	Sumame)	-> 2	
BE .		Bilt	Cox						Eli	zabe	th		Shel	ton
2	19e. INFORMANT'S NAME (1				19b	MAILING	ADDRESS	S(Street a	nd Numbe	r or Rural A	oute Number, City or Tox	vn, State, Zi	ip Code)	
	Mrs. Margue	rite V	7. Cox		s	ame	as #	10	abov	<i>7</i> e				
	20a. METHOD OF OISPOSIT						OF DISPOS	ITION (Na	ame of		OATE 20c. LC	CATION -	- City or To	wn, Stata
	4 Donation 6 Other		noval from State	- Ch	etery, crem	Tatory or o	her plece)	na l	Chur	ch Ce	em.7/8/94	Owen	svi l	le MD
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE 0	1 04	1110	<u></u>				SS OF FAC		OWCI	DVII.	IC, ID
	► 11.00.	_ =	2 X											
	10 Call	in	1. 1	02	_									, MD 20736
	23. PART I. Enter the d	Iseasea, or	List only one cau	t caused	the dea	ath. Do i	ot enter	the mo	de of dy	ing, auch	as cerdisc or resp	iratory e	rrest,	Approximata
	IMMEDIATE CAUSE (Fir		List Only Gile Cot	186 011 61	och ille,									Interval Between Onset and Death
	disease or condition	-	Daca	~ A	A.	\ \A\	1	0	h	Mai	it . Fi	-		
	resulting in deeth)		OUE TO	(OR AS A	CONSEC	UENCE O	F):	00	4-01		no - 11	9 .		
		-	CAV	WO.	Λ.	0.	. 10	. 1						į l
CERTIFICATION	Sequentially list condit		DUE TO	(OR AS A	CONSED	UENCE O	PI:	UV	0					<u> </u>
Α	If any, leeding to imme cause. Enter UNDERLY									۱ (ĺ
유	CAUSE (Disease or injuthet initieted events	iry	C. DUE TO	(OR AS A	CONSEO	UENCE O	PI: O	nx	W	7				
E	resulting in death) LAS	т	d. Ca	1	1000	7 1								İ
			d. CCC	- 1-	2.6.00	30	e	1						-
	PART II. Other algnifica	int conditio	ns contributing to	death b	ut not re	suiting	in the ur	derlyin	g ceuse	given in i			24b.	WERE AUTOPSY FINDINGS
EDICAL											PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
											1 YES	2 NO	- 1	OF DEATH?
Σ													- 1	1 NES 2 NO
ä	_ DID_TOBACC	O USE	CONTRIBUT	<u> TO</u>	CAUS	SE OF	DEA							
5	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	/			OTHE		LACE OF C	DEATH (Che	ck only one)			
Z SI	1 YES 2 NO		1 Inpetient 2	ER/Outp	atlent 3	□ DOA			10 5 R	esidence	6 Other (Specify)			
PHYSICIAN	27. MANNER OF DEATH		26s. DATE OF (Month, D	INJURY		26b. TIM	E OF URY		URY AT		28d. DESCRIBE HOW	INJURY O	CCURED	
87		Pending Investigation	,	-,			M		YES 2] NO				
	2 Sulates	Could not be	28a. PLACE C	F INJURY	- At hor	ne, farm,	rtreet, fact	ory, offic			28I. LOCATION (Street		er or Rural F	Route Number,
윤		determined	ounding,	atc. (Spec	:ny)						City or Town, State)		
	29e. CERTIFIER			_	No. of the Land							100-500	t and a	
COMPLET	(Check only										to the cause(e) end ma			
Ņ	2 MED	ICAL EXAMIN	ER: On the basis of a	xamination	n and/or li	nvestigatio	n, in my c	pinion, d	leath occu	red at the t	time, data end placa, a	nd due to t	the cause(a) and menner as stated.
l w l	29b. SIGNATURE AND TITLE	OF CERTIFIE	R 1		^				29c. LIC	ENSE NUM	BER /	29d. DA	TE SIGNEO	(Month, Dey, Year)
B	Lum	Ms.	U	M	10%	MI				17	16%	•	1-5	5-94
임	30. NAME AND ADDRESS O	F PERSON WI			ATH (ITEN	27) (Type	, Print)							770
	Dr. K	ioumar	ce Yazdar	ni					Pr	ince	Frederick	, MD	206	0/8
1 1	31. DATE FILED (Month, Day.	Year)	32. REGISTRA	R'S SIGN	ATURE									
	JUL .			David	-	nd-11								
	JUL .	0 13	J4 /	U ILLIAM	MIN - NO	MANA								

020	physici
BALTIMORE, MARYLAND 21215-002	attending
Ξ.	8
ND 2	hospital
LA	the h
>	3
MAR	be retained b
	2
H	тау
0	S
Σ	Page
ALT	death. Page 6 may be
8	after
	hours
90	ed with
X 68760	executed
\times	01

DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with properties of the flower of the properties of attention physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	94 2	0641									
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TI	IME OF DEATH									
	Blanche V. Clark July 1, 1994	L952 M									
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 X F 88 YRS. 6. AGE (In yrs. lest birthdsy) 88 YRS. 6. AGE (In yrs. lest birthdsy) 88 YRS. 6. AGE (In yrs. lest birthdsy) 88 YRS. 7. DATE OF BIRTH (Month, Day, Year) 88 WNN. 88 WRS. 7. DATE OF BIRTH (Month, Day, Year) 88 WNN. 80 WNN. 80 WNN. 9 WNN. 9 WNN. 9 WNN. 9 WNN.	E (State or Foreign									
	9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
OR	Calvert Memorial Hospital Prince Frederick Calvert										
DIRECTOR		INSIDE CITY									
	raryland Carvert Prince Frederick	LIMITS? YES 24 NO									
FUNERAL	100. STREET AND NUMBER 244 D Fairground Rd. 101. ZIP CODE 20678 USA	COUNTRY?									
B	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — A Black, Whi Specify:	merican indian, ita, etc. Black									
뎶	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY										
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 8 Printer										
BE CO	17. FATHER'S NAME (First, Middle, Last) William Gross 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frances L Kelson										
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	John S. Scayles, Sr. P.O. Box 84 Newtown Rd. Dowell Rd. 20629										
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Removal from State 4 Donalion 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of completery, crematory or other place) Browns 20b. PLACE AND DATE Of DISPOSITION (Name of completery, crematory or other place) To the results of the completery or other place) To the results of the completery or other place) To the results of the completery or other place) To the results of the completery or other place) To the results of the completery or other place) To the results of the completery or other place) To the results of the completery or other place) To the results of the completery or other place)										
9	22. NAME AND ADDRESS OF FACILITY Sewell Funeral Ho	ome									
	Specier Souvel 1451 Dares Beach Rd. Prince Fred.,	MD 20678									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line.	Approximate Interval Between									
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) - CONGESTIVE HEART FAILURE	Onset and Death									
	DUE TO (OR AS A CONSEQUENCE OF):	2 weeks									
Z	Sequentially list conditions, I SCHAEMIC CARDIOMYOPATHY	2 weeks									
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING										
FIC	CAUSE (Disease or injury that initiated events Due to (or as a consequence of):										
III II	resulting In deeth) LAST										
C	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part 1. 24s. WAS AN AUTOPSY 24b. WER	E AUTOPSY FINDINGS									
CA		LABLE PRIOR TO PLETION OF CAUSE									
MEDICAL	CEVERE PERIPHERAL LIACCILIAN DILITANIC	YES 2 NO									
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO-154										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 3 NO 1 Yes 3 NO 1 Yes 3 NO 1 Yes 3 NO 1 Yes 3 NO 1 Yes 3 NO 1 Yes 3 NO 1 No yes 1 NO 1 NO yes 1 NO										
H	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED										
BY F	1 Very Natural 5 Pending M 1 YES 2 NO										
8	3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Route City or Town, State)										
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
SON	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and	menner se stated.									
BE (296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. D. O. Z. S. C. I. O. D. O. Z. S. C. I. O. D. O. Z. S. C. I. O. D. O. Z. S. C. I. O. D. O. Z. S. C. I. O. D. O. Z. S. C. I. O. D. O. Z. S. C. I. O. D. O. Z. S. C. I. O. D. O. Z. S. C. I. O. D. O. Z. S. C. I. O. D. O. Z. S. C. I. O. D. O. Z. S. C. I. O. D. D. O. Z. S. C. I. O. D. D. O. Z. S. C. I. O. D. D. D. O. Z. S. C. I. O. D. D. D. D. D. D. D. D. D. D. D. D. D.										

296. SIGNATURE AND TIT	LE OF CERTIFIER	
	ene 52	5-2

9

5

29c, LICENSE NUMBER
D - 0 25519

29d. DATE SIGNED (Month, Day, Year) 07-04-94

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED Moff. Day, Year) 32. REGISTRAS'S SIGNATURE

July Whiteless Randall 1994

ı	
ŀ	
l	
ı	
ŀ	
ı	
L	Ç
ı	5
ı	Ş
ı	č
ı	2
l	
ı	4
ı	i
ı	3
ı	ī
ŀ	>
l	8
	9
ı	Ě
ı	U
ı	C
ı	-
ı	3
ı	U
ı	0
ı	2
l	•
ı	
ı	
ı	
ı	
F	-

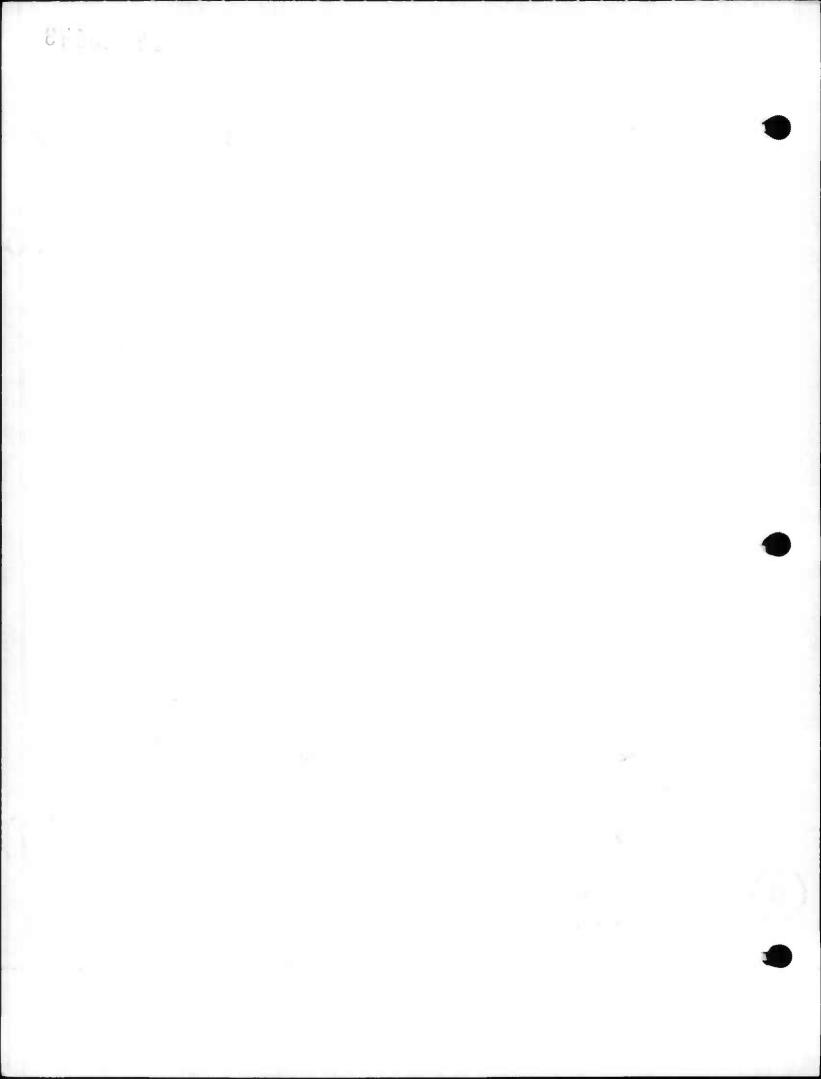
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	4 DECEDENTIS NAME (CITA	441-4-41- 4				IOAI.	- 01	DLA		HEG. I		_		
	1. DECEDENT'S NAME (First, Middle, Last) Michael Thomas Davis										2. DATE OF DEATH DAY YEAR June 11, 1994 3. TIME OF DEAT			
	4. SOCIAL SECURITY NUMBER 5. SEX			6. AGE (In yrs. less	IF UNDER 1 YEAR IF UNDER 24 HRS.						HPLACE (State or Foreign			
	216-48-575				YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. 23,	1946	F1	orida	
	9a. FACILITY NAME (If not in	stitution, give a	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	9c. COI	INTY OF E	DEATH	
DIRECTOR	204 S. Mai		Gı	reen	sbor)		Ca	roli	ne				
E I	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY	
5	Maryland	Car	oline		Gre	enst	oro						LIMITS?	
	10e. STREET AND NUMBER						10	f. ZIP COD	E		10g. CI	TIZEN OF	WHAT COUNTRY?	
FUNERAL	204 S. Maj	in Str	eet					21639	9		U.S	.A.		
3	11. MARITAL STATUS			T EVER IN U.S. AR		13.	WAS DEC	ENOENT C	OF HISPAN	HC ORIGIN? (Specify	Yes or No-		E — American Indian, k, White, etc.	
	1 Never Married 2			MAR OR DATES	10			ecify Cube		n, Puerlo Ricen, etc.)		Spec	W.	
BY	3 Widowed 4 Divo	proed	Vietna						орови				White	
COMPLETED		EDENT'S EDU		16a, DE	CEDENT'S	USUAL O	CCUPATION OF	ON cel of working	20	16b. KIND OF	BUSINESS/IN	DUSTRY	V-1517 TST	
<u>-</u>	Elementary/Secondary (0		College (1-4 or 5	+}	Do NOT us				.9				A PARTY	
MP	G.E.D.			d:	isab]	Led				n/	a			
8	17. FATHER'S NAME (First, M									ME (First, Middle, Mak	,			
BE	Goerge H.		, Sr.	11/2-1						a Temple				
2	19a. INFORMANT'S NAME (т.	198						Route Number, City or			000	
	George H.		, Jr.			_	_		Jr.	Smyrna, G				
	20s. METHOD OF DISPOSIT 1 Burlel 2 XCrematic 4 Donation 5 Other	on 3 🗆 Ram	ioval from State	20b. PLACEA						6/13 20c.	LOCATION -		laware	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			22.	NAME A	ND ADDRE		CILITY				
	· 11.	6/	Ken	do						enbein Fu				
	23. PART I. Enter the d shock, or h	iseeses, or	complications 110 List only one ce	it caused the de use on each line	ath. Do r	not enter	the mo	BOX ode of dy	ing, suc	Greensbo	epiratory a	aryl.	Approximate Interval Batween	
	IMMEDIATE CAUSE (Fir disease or condition	nel	1	0.1 - 1	1.		-	-	-1	1/50	0	Onset and Death		
	resulting in death)	→	. LSUN	>HOT V	VOU	ND	1		HE	- HEA	D		ACVTE	
			OUE TO	(OR AS A CONSEC	DUENCE OF	F):			-				11	
CERTIFICATION	Sequentially list condit		bC DUE TO	COR AS A CONSEIG	DUENCE OF	m-	1							
AT	If any, leeding to imme cause. Enter UNDERLY		DEV	DEC	511	NIC	/						thronger	
윤	CAUSE (Disease or inju	Jry S	OUE TO	OR AS A CONSEC	DUENCE OF	// Y							CHI DIYIC	
E	resulting in death) LAS	т	4											
- 1	DARK II OIL I III.													
EDICAL	PART II. Other algnifice	ont condition	os gontributingua	death but not n	esulting	in the up	derlyin	g couse	given in	Part I. 24s. WAS PER	AN AUTOPSY FORMED?	246	AWAILABLE PRIOR TO	
ă	CATOMIC	000) (I VCI	VC -C	7 70	d	176	=/17		1 TYES	2 ×40		OF DEATH?	
Σ													1 TYES 2 NO	
ÿ												1111		
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)				
YS	1 YES 2 NO			ER/Outpetlent 3		4 - Nur	sing Hon		asidence	8 Other (Specify)				
	27. MANNER OF DEATH	Pending	28a. DATE Of (Month, L		28b, TIM INJ	URY	WC	DRK?		28d. DESCRIBE HO	W INJURY O	CCURED		
B√	2 Accident	Investigation				M		YES 2	NO					
		Could not be determined	building	OF INJURY — At ho, etc. (Specify)	me, ferm, s	stree1, fac	tory, offic			28f. LOCATION (Str. City or Town, St		or Rural	Route Number,	
Ti I					_		_							
d N										to the cause(s) and				
COMPLETED				ixamination and/or i	investigatio	n, in my o	opinion, o	death occu	red et the	1ime, data and placa	, and dua to	the cause(s) and manner es stated.	
H	296. SHOWATURE AND TITLE	M AP	11 Mt	2 Dos	Du	M	E	29c. LIC	ENSE NUI	ABER 4	29d. DA	TE SIGNE	(Morth, Day, Yest)	
T0	30. NAME AND ADDRESS OF	F PERSON WI	10 COMPLETEO CAL	SE OF DEATH THE	м 27) /Туро,	P(int)	0:		10	101	1 6	7/10	1/7	
	PO BOX	690	DEA	ITON!	MI	0	2/1	52	19			U		
ì	31. DATE FILED (Month, Day,	da/	32. REGISTIN	A'S SIGNATURE	1									
	JALTO	JUT	James de la company	SEL ACTIONS	,									

37.72.747

spital or attending physician.	hed for use as the burial-transit permit. Pages 1, 2, 3 should	
TO THE TOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24-yours after death. Page 6 may be retained by the hospital or attending phy	THE FUNERAL DIRECTOR After this certification has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 72 hours after death with the Sam Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
/		

	FOR 1 - STATE REGISTRAR		STATE OF M		/ DEPAR					ENTAL HYGII					
	1. DECEDENT'S NAME (First,	N S	D	avis						2. DATE OF DEATH	DAY	YEAR 4	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMB 222-03-9032 9a. FACILITY NAME (# not in	2	5. SEX	6. AGE (In yrs. In	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Morith, Day, Year, AUG 18	1912	Cla	yton, De		
TOR	11505 Monto							vill	ON OF DEAT	гн	1000	ity of DE	eorges		
DIRECTOR	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TON					10d. INSIDE CITY LIMITS?		
	Maryland 100. STREET AND NUMBER	Prin	ce George	25	Be	<u>ltsv</u>		. ZIP COD	E		10g. CITIZ	11/2 YES 2 NO			
FUNERAL	11505 Monto	omerv	Road				2	0705			USA				
BY FUR	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2.	RMED NO		If yes, spe	ENDENT Code	of HISPANIC n, Mexicen, Specify:	ORIGIN? (Specify Puerto Rican, atc.)	Yee or No-	14. RACE - Black, Specify	- American Indian, White, etc.		
9		EDENT'S EDU		16a, Di	ECEDENT'S	USUAL O	CCUPATIO	ON of working		16b. KIND OF	BUSINESS/IND	USTRY	11001		
COMPLET	Elementary/Secondary (0		College (1-4 or 5+) life	irch	se retired.)		or workin	9	Chris	t Chur	ch			
ő	17. FATHER'S NAME (First, Mi				1 011	SCAU		18. MOTI	HER'S NAME	(First, Middle, Meio		CII			
쀪	William Her		vis	1 40	b Maii ING	ADDRES	P. /Com et a	0r	da Du	rham Number, City or 1		2			
2	Retty Terry			- 1						Beltsvil			705		
	20a. METHOD OF DISPOSITI 1√√ Burial 2 ☐ Cremetio 4 ☐ Donation 5 ☐ Other	ON n 3 - Remi	oval from State	20b. PLACE cametery, cri	ematory or o	thar place!					LOCATION — (2-140		
	21. SIGNATURE OF FUNERAL			Ammar	mei	22.	NAME AN	ID ADDRES	SS OF FACIL	y6/4 <mark>/1 C</mark> t m 94 61 1 Chapel	S. Bra	dfor	d St.		
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	el	Liat only one cause. Coro	e on each line	0 .		_			as cardiac or re	apiratory arre	est,	Approximata Interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF):														
PHYSICIAN: MEDICAL	PART II. Other significer	Aort	contributing to	death but not o	resulting (In the ur	derlying	j cause ç	liven in Pa	PERF	AN AUTOPSY ORMED?	6	YERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH? YES 2 NO		
CIAN	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:					ACE OF D	EATH (Check	only one)					
IXSI	1 VES 2 NO		1 🗆 Inputient 2 🗆				sing Home	-		Other (Specify)					
ВУ Р	1 Natural 5 🗆 I	Pending nvestigation	28e. DATE OF I (Month, Da	y, Year)	28b. TIM INJ	URY M	28c. INJU WOI 1 Y	RK?		8d. DESCRIBE HOV	V INJURY OCC	URED			
	3 Suicide 6 0	Could not be letermined	28e. PLACE Of building, e	INJURY — At he	ome, farm, s	street, fact	ory, office		2	81. LOCATION (Stree City or Town, Sta	st and Number (te)	or Rural Roo	rte Number,		
COMPLETED			CIAN: To the best of a										and manner as stated.		
BE	296. SIGNATURE AND TITLE	OF CERTIFIER	0					29c. LICE	NSE NUMBE	ER O	29d. DATE	SIGNED (A	Aonth, Day, Year)		
2	TO have and adoness of	Man	. 4	333	М 27) (Туре,	Print)	Maria	. 1	0/ 1	307	1	1	MD 2020		
	31. DATE FILEO (MONIT), DAY	4		S SIGNATURE	ndell	1-0			.67 57	1-1	640	104	11 20/08		



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within Arours after death. Page 6 may be retained by the hospital or attending physician.	MEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	hin 72 hours after death with the State Dept. of Health and Memal Hydiene prior to burial, cremation, or removal.	NT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E HOSPITAL	E FUNERAL	d within 72	RTANT: 11
2	2	be file	IMPO

8

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Jul De trancisco Gire 10:17 6. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIFTTN IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 K F YRS. 152 - 22 - 9704 January 27, 1900 New York Se. FACILITY NAME (If not institution, give etreet end number, 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Laurel Regional Hospital Prince George Laurel RESIDENCE OF DECEDENT 10e. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George Laurel 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14200 Laurel Park Drive 20707 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pt 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify. 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11 Housewife Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Adam Hanft BE Catherine Bradley 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Pauline Wilcox 10634 Hesperian Drive, Laurel, Maryland 20723 20e. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 28c. LOCATION — City or Town, State DATE 1 Buriel 2 Cremetion 3 M Removal from State 7/11 Englewood, New Jersey 4 Donation 5 Other (Specify) Carmel Cemetery 22. NAME AND ADDRESS OF FACILITY Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707 23. PART I. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart a liure. List only one cause on each lins. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition_ Ventricular fibrillation Zomin resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 25 mil DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING 25 min Aspivation CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS BE COMPLETED BY PHYSICIAN: MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 6 - Other (Specify) 4 - N 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined 4 Homicide 1
CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner ee atsted 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) Mon Ton

MPLE TED CAUSE OF DEATH (ITEM 27) (Type, Print) Jul 2 30. NAME AND ADDRESS Q Jenny Moy 14333 Laurel Bowie Rd #307 Caurel MD Z0708 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Studen Red 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	SION OF VITAL RECOR
	DIVISION
1	

		REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	=0	С	ERTIF	ICATE	OF	DEAT		REG. NO.		YEAR 3.	TIME OF DEATH
			YLER	Mary						6 8	21 9	4	8.30 AM
		4. SOCIAL SECURITY NUMBER 214-56-2408		AGE (In yrs. Ia		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. 7. MIN.	(Month, Day, Year)		Country)	NCE (State or Foreign
should		9e. FACILITY NAME (If not institution, give stre	80	THS.	9h CITY	TOWN	R I OCATI	ON OF DEAT				land	
60	R	HARBOR HOSPITAL						no		1		16	
1, 2,	СТОВ	RESIDENCE OF DECEDENT											/
Pages	DIRE		1 م المستحد			'Y, TOWN 0		ION				d. INSIDE CITY LIMITS?	
permit.		Maryland Anne	Arundel		<u>L</u> .	inthi	_	ZIP CODE			10g. CITIZE		YES 2 XNO
	ERAL	1336 W. Nursery R	d					210	90				tates
-0020 ing physician. the burial-transit	FUNE	11. MARITAL STATUS	12. WAS DECEDENT E							ORIGIN? (Specify Ye			American Indian.
5 a a a a a a a a a a a a a a a a a a a	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR					2X NO		darto mean, etc.)		Specify: Whi	1000
as as	ED	15. DECEDENT'S EDUCA			ECEDENT'S					16b. KIND OF BU	JSINESS/INDU		Le
- to	ш	(Specify only highest grade c Elementary/Secondary (0-12)	College (1-4 or 5+)	lin	Give kind of e. Do NOT u	work done d se retired.)	luring mo:	st of workin	g				
AND Z he hospital o detached for once.	COMPL	4		H	Iomem	aker				Home	emaker		
oy the hose be detach	- 1	17. FATHER'S NAME (First, Middle, Last)								(First, Middle, Malde	,		
	BE	Byron E. Mercer 19a. INFORMANT'S NAME (Type/Print)		1 10	DE MAILING	ADDRESS	/Street o			Esworth			
	2	Oscar P. Harry		"						ns MD 2		000)	
6 may be ctor, page a	1	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOS			Harmo		DCATION — CI	ly or Town,	State
- 9 9 -		1 Buriel 2 Cremation 3 Remon 4 Donation 5 Other (Specify)		Glad	le Cei	meter meter	У		6-23	3-94 V	Valker:	svill	e, MD
ALLIM death. Page funeral dire t. examiner n		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		,	22. [ATT	D ADDRES	ss of Facili	Funeral	Home	Inc	
		+ Harry	A. W.	12 Ke	0								City21043
ed within or hours after completely filled in by the cemation, or remove event, the medical		23. PART I. Enter the diseases or condition reauting in death)	ist only one cause	on-each iin	е.			·				nt,	Approximate interval Between Onset and Death
Certificate be execute nding physician and cr Hygiene prior to burian or the traumatic	ERTIFICATION	reaulting in death) LAST HUPONATE CMIA											
the death the atter the atter of Mental injury, o	ပ၂	PART II. Other significant conditions					derivino	Callsa (ilven in Pe	rt I. 24a. WAS A	N ALITOPSV	7.45 WE	RE AUTOPSY FINDINGS
Z = 2 = 2	ICAL	NEW ONSET!					a o i . y i i i g	, ;	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFO	RMED?	AM	MILABLE PRIDE TO MPLETION OF CAUSE
M Head Line	MEDI	CARGNOMA (BREAST	SIPM	ASTE	Gom	V			1 🗌 YES	Z JYNO.		DEATH?
S of S		DID TOBACCO USE C					/	ES 🗇	NO I				
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:				26. PL		EATH (Check	only one)			
CIAN: crtifica he Sta	YSI	1 TYES 2 NO	1 Nopetient 2 🗆 E				ing Hom		sidenca 6	Other (Specify)			
NG PHYSIC fler this ce sath with the	- 1	27. MANNER OF DEATH 1 1 Naturel 5 Pending	28a. DATE OF IN. (Month, Day,		28b. TIN	JURY M		RK?		d. DESCRIBE HOW	INJURY OCCU	RED	
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate hours after death with the State Item 28 is marked, or Item	B	2 Accident Investigation	26a. PLACE OF II	NJURY — At h	ome, farm	street facts		ES 2		f. LOCATION (Street	and Number o	Durai Gaut	Altembras
OR ATTENDING OR ATTENDING DIRECTOR: After hours after death		4 Homicide 6 Could not be	building, ato	. (Specify)	,		.,,		"	City or Town, State		THE STATE OF THE S	, rvannos,
	Ē	29e. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of my	knowledge d	eath occum	ad at the ti	me dete	and place	and due to	the cause(s) and m	7700 00 000	34	
国民党事	COMPLI	(Check only one) 2 MEDICAL EXAMINER											d manner es stated.
E PUNET O WITHIN	Ŭ.	296. SIGNATURE AND TITLE OF CERTIFIER			-				NSE NUMBE		29d. DATE :	SIGNED (Mo	onth, Day, Year)
TO THE MESHING TO THE FUNER TO THE FUNER WITHIN THE MITHING WITHING MITHING MITHING TO THE MITHI	00	Laker Soyled	HOUSE	OFF	ICER			As-2	44-1	14-46.	D 6	12/19	74.
illia.	2	JAM SYLU 30. NAME AND ADDRESS OF PERSON WHO TAHIR SAJAD MI	COMPLETED CAUSE	OF DEATH (ITE	EM 27) (Type	, Print)	2	110	11-		10	44.0	
8		TAMIR SAJUAD MI	· HARBOK	HOSPITA	2 CEI	VIER	20	0/ 5.	HANOU	ER ST.	BAT-	MD	41225.
		JUN 2 2 1994	Jalia da	UNDUCK N	walk								

64308 (3 1 15 N

_	-
X	1
E E	A Alfanon
	4
r O	1
7	44
ń	the fact that the same along the
	44
KECOKDS	4
2	1
П	-
ŗ	
4	-
VIIAL	į
=	-
	2
2	5
-	č
5	STORY OF THE PROPERTY OF THE P
n	Name of
Ä	į
-	3

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Mi	iddle, Last)									2. DATE	OF DEATH	Y	YEAR	3. TIME OF DEATH
				_	E.	Elliott						Jui	ne 28	, 199	94	2125 M
		4. SOCIAL SECURITY NUMBER 216-32-8936		5. SEX		in yrs. iasi 66	birthday) YRS.	IF UNDER 1	YEAR DAYS	HOURS	24 HRS. MIN.	(Mont)	OF BIRTH h, Day, Year) 21, 1	928	Countr	PLACE (State or Foreign y) ch Carolina
phould		9e. FACILITY NAME (If not institu								OR LOCATIO	ON OF DE			9c. COU	NTY OF D	
, 2, 3 should	TOR	Union Hospital of Cecil County Elkton Cecil														
ages 1	10c. STATE 10c. COUNTY 10c. CITY, TOWN OR LOCATION Elkton														10d. INSIDE CITY LIMITS?	
nit. Pa															1 YES 2 X NO	
nsit per	BY FUNERAL	100. STREET AND NUMBER 263 Hilltop					1. ZIP CODE 2192]		U.S.A.				VHAT COUNTRY?			
or attending physician r use as the burial-tra		11. MARITAL STATUS 1 Never Married 2 Ma 3 Wildowed 4 Divorce		12. WAS DECEDED FORCES? IF YES, GIVE	YES	2 X N	IED D	lf.	yes, sp	CENDENT OF	n, Mexica	nn, Puarto Rican, etc.) Biac			Bleci	— American Indian, t, White, atc.
	COMPLETED	15. DECEDI (Specify only hi Elementary/Secondary (0-12	ghest grade	CATION completed) College (1-4 or 5	+)	(Giv	EDENT'S To kind of w Do NOT us		UPATIO	ON Ost of workin	9		KIND OF BUS		DUSTRY	
if by the hospital d be detached fo d at once.	BE COM	17. FATHER'S NAME (First, Middle John	.,,	ardson	1					18. MOTH	HER'S NA	ME (First, i	Middle, Maiden kie Mi	Surname)		
y be retained the sage 5 should be notified	10 E	190. INFORMANT'S NAME (Type Anita J. Row	land										ber, City or Town th Eas			1901
Page 6 may al director, par ner must b		20e. METHOD OF DISPOSITION 1 Burlel 2 M Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 226. LOCATION - City or Town, State 226. LOCATION - City or Town, State 226. LOCATION - City or Town, State 226. LOCATION - City or Town, State 227. AMECAN APPRESS OF FOUT Funerals, P.A.														
r death. Pag e funeral dir al.		21. SIGNATURE OF FUNERAL S	ERVICE LIC	S. Hi	,b.)		10)3	West	Sto	ckto	n Stree	s, P. et	Α.	
nours after ed in by the or removal medical		23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dring, such se cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between														
te be executed with hours after death. Page 6 may be ysician and completely filted in by the funeral director, page prior to burial, cremation, or removal. traumatic event, the medical examiner must be		IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):														
executed wand compound of burial, compound it is matter every	Z	Sequentially list condition		b	/ (ON AS A	CONSEC	DENCE OF									
cate be ex obysician a ie prior to er trauma	CERTIFICATION	if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury	ta	G	OR AS A											
he death certificate be e the attending physician Mental Hygiene prior to njury, or other traun	SERTIF	that initiated events resulting in death) LAST		d	(OH AS A	CONSEC	UENCE OF	·}:								
that the death ned by the atter th and Mental any injury, o		PART il. Other significant	condition	s contributing to	death bu	ut not re	sulting I	n the und	erlyin	g cause g	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
sign Sign Hea	MEDICAL											-	1 YES 2	0		COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
law requas been Dept. of 23 she	-	DID TOBACCO	-	ONTRIBUTE	TO	CAUS	E OF	DEATH	ΙY	ES 🗆	NO					
PHYSICIAN: The law requirities certificate has been with the State Dept. of rited, or item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO N EXAMINER? 1 ☐ YES 2 1 NO	IEDICAL.	HOSPITAL:	ERIC	adla a	D BOX	OTHER:		LACE OF D						
SICIAL certiff h the	НХ	27. MANNER OF DEATH		28a. DATE Of	FINJURY	etient 3	28b. TIM	E OF 2	Bc. INJ	JURY AT	sidence		CRIBE HOW II	NJURY OC	CURED	
	ВУР	1 Netural 5 Per 2 Accident Inv	nding eatigation	(Month, I	Day, Year)		IMJ	M M		YES 2	NO					
TTENDI TTENDI TTENDI STENDI 28 IS	<u>E</u>		uld not be ermined	28e. PLACE (building	OF INJURY , atc. (Speci	— At hon	ne, lerm, s	street, tector	y, offic	:0			ATION (Street a or Town, State)	ind Number	or Rural F	Route Number,
29e. CERTIFIER (Check only one) (Check only one)										end manner ee atated.						
A STATE	ш	29b. SIGNATURE AND TITLE OF	-			X	/				NSE NUN					(Month, Day, Year)
BE THE STATE OF TH	TO B		-	mal	/	Y	ZU	ux		DC	618	1		•	6/3	0/94
		Joseph G. I		/-/				Stree	t -	Elkt	ton,	MD	21921			
		31. DATE FILED (Month, Day, Yee JUN 3 0 'S		32. SEGISTR	AR'S SIGN	ATURE ATURE	ndell									

_
0
O
III
-
4
>
11
O
7
$\overline{}$
0
77
-
>
=

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. urs after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. CEPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	1 - FOR STATE REGISTRAR	STATE OF M					IEALTH AND DEATH	MENTAL HYG	GIENE		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEA			3. TIME OF DEATH
	WILLIAM	HILTON	F	ENGLI	.SH		SR.	June 18,	1994	YEAR	2:07 рм
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. less	t birthday)		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	Н	S. BIRTH	HPLACE (State or Foreign
	143-16-8692	1 🙀 M 2 🗌 F	70	YRS.	MONTHS	DAYS	HOURS MIN.	July 18,		Count	New Jersey
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CIT	Y, TOWN C	OR LOCATION OF D			UNTY OF D	
DIRECTOR	105 Ridgefield	Dr.	r. Fruitland W								.co
RE	10a. STATE 10b. COUNTY	,		10c, CIT	Y, TOWN	OR LOCAT	TION				10d. INSIDE CITY
		omico			Frui	itlan	ıd				LIMITS?
BY FUNERAL	10e. STREET AND NUMBER					101	. ZIP CODE		10g. CI1	TIZEN OF Y	WHAT COUNTRY?
EH	105 Ridgefield D	r.					21826		US	SA	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED				NIC ORIGIN? (Speci		14, RAC	E — American Indian,
7	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black, White Pres, GIVE WAR OR DATES If yes, specify: Specify: Specify:									k, White, atc.	
	3 Widowed 4 Divorced		Navy				TENO	·y.		Whit	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Gh	CEDENT'S	work done	during mos	ON ast of working	16b. KIND O	F BUSINESS/IN		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	. Do NOT us	se retired.)	Curing mod	St Or WORKING				
M	Chef Restaurant									4	
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
BE (
2	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRES	S (Street a	nd Number or Rural	Route Number, City of	or Town, State, Zi	ip Code)	
F	Nancy Lee English]	105 R	.idge	fiel	.d Dr., 1	Fruitland	d, MD 2	21826)
	20a. METHOD OF DISPOSITION 1										
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSER,		HIG TO		NAME AN	O ADDRESS OF FA	ACILITY		К,	<u> </u>
}	I don 1	10016	21					Funeral I			
	711.1	Jacken	tory,			50	1 Snow F	Hill Rd.	, Salis	sbury	, MD 21801
	23. FAPT I. Enter the diseases, or construct, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one course	on each line.			the mod	da of dying, aud	ch as cardiac or i	reapiratory ar	reat,	Approximate interval Batween Onset and Death Serval
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		OR AS A CONSEO								
	DART II Ohter stanisland and dates										
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions	contributing to a	Congres	_	in the un		cause given in	PE	AS AN AUTOPSY PREPURMED? ES 2 NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Ž.											
ਹੋ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			STUE		ACE OF DEATH (Ch	neck only one)			
YSI	1 YES 2 NO	1 Inpatient 2 E	ER/Outpetiant 3	□ DOA	4 Nun		8 5 Realdence	6 Other (Specify,)		
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Accident Investigation 26d. DESCRIBE HOW INJURY OCCURED										CURED	į.
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I	INJURY — At hon	ne, farm, s	treet, fact	lory, offica	1	28f. LOCATION (SI City or Yown, S	treet and Number State)	r or Rural F	Route Number,
7	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of m	ty knowledge de	eth occurr	of at the f	llma data	and alone and d				
COMPLETED) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	/ /					29c. LICENSE NUI	_	29d. OAT	E SIGNEO	(Manth, Day, Year)

2

1

PLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

mo

3082 100 Aur Sheet 6/21

31. DATE FILED (Month, Day, Year) 1994

Via 32 JEGISTRAR'S SIGNATURES

0	
P.O.	
а.	
2	
ō	
RECORDS	
VITAI	4
OF	1
0	
DIVISION	
15	
<u>~</u>	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٩

		FOR STATE REGISTRAR	STATE OF MARYLAN	VD / DEPART			MENTAL HYGIE				
	1	1. DECEDENT'S NAME (First, Middle, Last) Susan A	rla Forkos	sh			2. DATE OF DEATH MONTH 6-25-	DAY -94	YEAR 3. TH	ME OF DEATH	
P		190-38-7470	1 0 M 2 0XF 4		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	147	Country)	(State or Foreign	
. 2, 3 should	CTOR	90. FACILITY NAME (If not institution, give stre		112.		+ h j		9c. COUNT	y of DEATH	L	
ft. Pages 1.	DIREC	10a. STATE 10b. COUNTY	Arundel	10c. CITY,	TOWN OR LOCAT	Ioti	nian		L	INSIDE CITY LIMITS? YES 2 X NO	
sit permit.	ERAL	100. STREET AND NUMBER 160 Lyons Creek Mo	hile Estates		101.	ZIP CODE			N OF WHAT C		
5-0020 nding physician. is the burial-transit	BY FUN		12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 NO	13. WAS DEC If yes, spe 1YES		Black, White Specify:	nerican Indian, e, etc.			
2121 al or afte for use a	LETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted) College (1-4 or 5+)	Ille. Do NOT use i							
Z 2 2 E	COMPLI	17. FATHER'S NAME (First, Middle, Last)	2 1	housewif	е	18. MOTNER'S NA	ME (First, Middle, Maide	n Surname)	333		
8 6 6 ×	BE (Goldstein	_		Rose			Singer		
MAK e retained : 5 should notified	욘	190. INFORMANT'S NAME (Type/Print) Jack Forkosh			DDRESS (Street a		or Rural Route Number, City or Town, State, Zip Code)				
BAL IIMORE, I er death. Page 6 may be the funeral director, page 1 val.		20e. METNOD OF DISPOSITION 120 Burlal 2 Cremetton 3 Remov 4 Donation 5 Other (Specify)	al from State 20b. PL	ACE AND DATE OF ty cregnatory or other Veterans	DISPOSITION (Na	me of	OATE 20c. L	ocation - ch Chelte			
		21. SIGNATURE OF FUNERAL SERVICE LICE				D ADDRESS OF FA		CHELCE	- In Icality	I'IL	
BALI rs after death. by the funera removal.		William	of The		Rausc	h Funera	1 Home,P.	A. Owi	ngs, M	1D	
24 hours filled in tion, or re-		23. PART I. Enter the diseases, or conshock, or heert fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Multi	n line.				xiretory srres	1.0	Approximate interval Between Onset and Death	
certificate be executed name physician and com Hygiene prior to burial, or other traumatic executed companies.	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
= \$ = E	AL C	PART ii. Other significant conditions	contributing to death but	not resulting in	the underlying	cause given in	PERFO	PRMED?	AVAILA	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE	
TE E	V: MEDIC						1 _ YES	2 1 10	OF DE		
4 4 4 4 5	/SICIAN:		IOSPITAL:		THER:	ACE OF OEATN (Che	B Cother (Specify)				
the ce	РНУ	27. MANNER OF DEATN 1 Auturnl 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. INJU	JRY AT	28d. DESCRIBE NOW	INJURY OCCUP	RED		
After Geath	red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stre		ES 2 NO	281, LOCATION (Street City or Town, State	and Number or	Rural Route No	ımber,	
A OR ATTEN EL DIRECTOR 2 hours after Il Item 28	COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the beat of my knowledg	ge, death occurred	at the time, date	and place, and due	to the cause(s) and me	anner es stated.			
- W	S	2 MEDICAL EXAMINER:	On the basis of exemination an	nd/or investigation,	In my opinion, de						
TOTHER OFF TO THE WILLIAM	TO BE	30. MAME AND ADDRESS OF PERSON WHO	DAMPI ETED CALISE DE DEATH	De	onty	DO	6054	≥ C	IGNED (Month,	194	
2		William P.	JONES, W	19	69	5 A	merica	7	210	35	
	į	31. DATE FILED (Month, Day, Year) JUN 2 9 1994	32. REGISTRAR'S SIGNATU	-		-					

0.

D THE PLYSTAL DIRECTOR: After des

hay be retained by the hospital or attending physician.	r, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		st be notified at once.
. UH ALLENDING PHYSICIAN: The taw requires that the death certificate be executed within an hours after death. Page 6 may be retained	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	THE PURPOR	と記事を	IMPORTANT: I

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) DOROTHY S. E	FREELAND				2. DATE OF		1994 **	AR	IME OF DEATH	м	
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8.	BIRTHPLAC	E (State or Foreig	7n	
- 1	213-42-6954	1 □ M 2 🎇 F	73 YRS.	MONTHS DAYS	HOURS MIN.	July	8 , 192	20	Country) Ma	ryland		
~	9e. FACILITY NAME (If not institution, give street	·			R LOCATION OF O		1	9c. COUNTY				
TO	CALVERT MEMORI	AL HOSPITAL		PRINC	E FREDER	ICK		CAL	VERT			
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ION			-	10d.	INSIDE CITY	\dashv	
	Maryland Calv	ert		Prince H	rederick	C			1 [LIMITS? YES 2 X NO	,	
FUNERAL	100. STREET AND NUMBER			101	ZIP CODE		1	10g. CITIZEN	OF WHAT	COUNTRY?		
NE	1195 Hallowing Po				20678			USA				
	11. MARITAL STATUS 1 Never Married 2 X Merried	2. WAS DECEDENT EVER II FORCES? 1 YES	2 X NO	If yes, sp	ENDENT OF HISPAN polity Cuben, Mexica	in, Puerto Rice		No— 14.	Black, Whi			
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:									Specify: B.	lack		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										\neg	
	Elementary/Secondary (0-12) College (1-4 or 5 +)										- 1	
MP	12 1 Cafeteria Manager											
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Tohn Wesley Stewart Florence King											
BE	19e. INFORMANT'S NAME (Type/Print)	[. C	19b. MAILING	ADDRESS (Street a	Floren	· ·		King	riel		\dashv	
5	Wilcis Freeland, S	r.								20678		
	20e. METHOD OF DISPOSITION	201	PI ACE AND DATE O	E DISPOSITION /A	wing Point Rd. Prince Fred., MD 20678 ON/Name of DATE 20c. LOCATION — City or Town, State							
- 1	1 XBurlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) Carroll Western Cem. 7/2/94 Prince Frederi											
	21. SIGNATURE OF FUNERAL SERVICE LICEN	USEF .		22 NAME AL	ID ADDRESS OF FA	Se Sciulty	ewell	Funer	al Ho	ome		
	* Sporcer	red. S.	vell	1451 D	ares Bea	ich Rd.	. Prin	ce Fr	ed.,	1D 2067	8	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR S A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										3	
PHYSICIAN: MEDICAL C	PART II. Other significant conditions Provided in the conditions Provided in the conditions DID TOBACCO USE CO	vasculor	- disea	m	reause givan in	_ 1	PERFORME	ED?	AVAII COM OF D	E AUTOPSY FINDI LABLE PRIDR TO PLETION OF CAU- MEATH? YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	OTTIMIDATE TO	CAUGE OF		ACE OF DEATH (Ch						\dashv	
Sic		HOSPITAL: Inpatient 2 ER/Out	patient 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	6 Other (S	(pecify)				\neg	
됩	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME		URY AT RK?	28d. DESCR	BE HOW INJ	URY OCCUR	ED			
BY	1 Natural 5 Pending 2 Accident Investigation			M 1	ES 2 NO							
- 1	1 268. PLACE OF INJURY — At home form street factory office 264 OCATION (Synest and A)									Number,		
COMPLETED	and the second s	AN: To the best of my know On the basis of examination							ouse(e) end	menner es state	ıd.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER VALUA TIVE	nua W	W		2	29d. DATE SIGNED (Month, Day, Year)						
F	Marcia A sho	COMPLETED CAUSE OF DE	20 HBD	itul Ro	W, Pri	no f	vode	ii Ck	M	2063	18	
	31. DATE FILED (Morith, Day, Year) JUL - 1 1994	32. REGISTRAR'S SIGN		1.								

entre in

retained by the hos	5 should be detache		notified at once.
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z. hours after death. Page 6 may be retained by the hos	DIN CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		hen 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
hours after o	filled in by the	tion, or removal.	the medical e
executed within	n and completely	to burial, cremat	imatic event, 1
ath certificate be	tending physicial	al Hygiene prior	or other trau
ires that the dea	signed by the at	lealth and Ment	ws any injury,
d: The law requ	cate has been	State Dept. of A	item 23 sho
DING PHYSICIA!	After this certiff	death with the	s marked, or
OR ATTEN	DIRECTOR	hour after	They 28 lt

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

WILLIAM COMMENTAL HYGIENE
REG. NO.

2. DATE OF DEATH
MONTH O. 15 PMY

,	1. DECEDENT'S NAME (First, WILLIAM)	Middle, Lest) Sami	uel			Grov	7			2. DATE OF D	15,	* 1994	1 YEAR	3. TIME OF DEATH 0837
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In y	rs. last birthday		ER I YEAR	IF UNDER		7. DATE OF BIRTH 8. BIRTH			8. BIRTI	IPLACE (State or Foreign
	495–16–3689		1 💢 M 2 🗆 F	75	YRS.	MONTH	DAYS	HOURS	MIN.	May 1	7, 1	919	Okla	homa
	Sa. FACILITY NAME (If not in		A CONTRACTOR OF THE PARTY OF TH			1	96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY							
O.	Calvert 1		al Hospit	al		Prince Frederick						Ca	lver	t
2	RESIDENCE OF DEC	10b. COUNTY			10c. C	ITY TOW	OR LOCA	TION						10d. INSIDE CITY
DIRECTOR	Maryland	Char.			Welcome							LIMITS?		
FUNERAL	100. STREET AND NUMBER Firetower Ro	oad						of. ZIP COD 20693	7				S.A.	WHAT COUNTRY?
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No— 14. RACE — American Indian, If yes, specify, Cuben, Maxican, Puerto Rican, stc.) 15. Never Married 2 Married 2 Married 15. Was December 16. RACE — American Indian, If yes, specify, Cuben, Maxican, Puerto Rican, stc.)										E — American Indian				
à	t Never Married 2 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE W UNKNOWN	AR OR DATE	YES 2 NO OR DATES				in, Maxican	, Puerto Rican				k, White, atc.
삗		EDENT'S EDUC highest grade		16	Give kind	of work do	ne during m	ION lost of working	ng	16b, KIN	D OF BUS	INESS/INI	DUSTRY	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 16a. DECEDENT'S USUAL OCCUPATION (Clive kind of work done during most of working life. De NOT use retired. Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)														
Š	17. FATHER'S NAME (First, M.									E (First, Middle				
BE (Sanford Grow		-							B. Bri				
198. INFORMANT'S NAME (Type/Print) Bill Grow 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) P. O. Box 188, Welcome, Maryland 20693														
	20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremetton 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of completely, agendacy of other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State CEMETER Y June 18, 1994 HOUSTON, MISSOU													
1	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE						ss of fac		44	05 B	room	es Island
j,	1C	7.) itt.								•			
											Approximats interval Between Onset and Death			
ATION	Sequentially list conditi if sny, lasding to imme- ceuse. Enter UNDERLY	dieta	DUE TO	(OR AS A CO	DNSEOUENCE	OF):								
CERTIFICATION	CAUSE (Disesse or inju thet initisted events resulting in death) LAS	7	DUE TO	(OR AS A CO	ONSEQUENCE	OF):								
빙														
A	PART II. Other significa	nt condition	a contributing to	death but	not resultin	g in the	underlyii	ng ceuse	given in P	Part I. 24a	WAS AN		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL										* 1	YES I	× Co		COMPLETION OF CAUSE OF DEATH?
Σ									,	_		1		1 TES 2 NO
ICIAN:	DID TOBACC		CONTRIBUT	E TO C	AUSE C	OF DE		YES	1 NO				_	
ᅙ	25. WAS CASE REFERRED TO EXAMINERS	MEDICAL	HOSPITAL:			ОТН		PLACE OF D	EATH (Chec	ck only one)				
PHYS	1 YES 27. MANNER OF DEATH		1 Inpatient 2 I				_			Other (Spi				
BY P	Netural 5	Pending Investigation	(Month, D		286. 1	IME OF NJURY M	W	JURY AT ORK? YES 2	- 1	28d. DEŞCRIE	BE HOW IN	NJURY OC	CURED	
o 1		Could not be detarmined	28e. PLACE O building,	F INJURY — atc. (Specify)	At home, farn	i, street, f	actory, offi	ce		281. LOCATION		nd Numbe	r or Rural I	Route Number,
COMPLETE			CIAN: To the best of R: On the basis of e											s) end manner se stated.
BEC	29b. SIGNATURE AND TITLE								ENSE NUME		7 1			(Month, Day, Year)
0	38. NAME AND ADDRESS OF	PERSON WA	COMPLETED CAIR	E OF DEATH	(ITEM 27) /34	na Printi			104	100	/	- (91	13/14
	Dr. Cha	rled		- V. VENIN	. (11 cm 21) (1)		rinc	e Fre	ederi	ck, MI	20	0678	/	,
	31. DATE FILED (Month, Day, JUN 2 2	1994	Jalia Da	R'S SIGNATU	ine Rardall			7.1						

BALTIMORE, MARYLAND 21215-0020

1	
68760,	
BOX.	
P.O.	
RECORDS	
OF VITAL	
DIVISION	

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician. OF THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Page be filled within 72 hours after death with the 2 state begre, or Health and Mental Hygiene prior to burlat, cremation, or remote a property or the filled by any litture or or their fraumatic event, the medical examinar must be analytical or once.	
---	--

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT (MENTA	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						• •		OF DEATH			3. TIME OF DEATH
	Mell		Gilker	son				June	22,	994	YEAR	1500 m
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. lest birthday)		_	IF UNDER 2			OF BIRTH		8. BIRTH	PLACE (State or Foreign
	232–16–1987 9a, FACILITY NAME (If not institution, give stre		73 YRS.						12-192			W. VA
N.	Calvert Memoria			1		Fre					ny of b lver	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY											
E	100.000111	vert	527	TY, TOWN OR		N						10d. INSIDE CITY
2	100. STREET AND NUMBER	/er c		Dunkir	_	IP CODE						1 TES 2 NO
RA	11415 Green Acre	on Ct			101. 2	347 4 25 27						WHAT COUNTRY?
FUNERAL		12. WAS DECEDENT EVER IN	U.S. ARMED	13. WA	S OFCEN		754	VIC OBIGIN	? (Specify Yea		U.S.	A. — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES		If y	res, speci		, Maxica	n, Puerto I	lican, atc.)	U 110-	Black	c, White, atc.
BY	3 Wildowed 4 Divorced			1		45 110	Opocn	,.			аресі	White
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade c	ATION completed)	16a. DECEDENT'S	work done duri	UPATION	of working	,	16b	KIND OF BUS	INESS/IND	USTRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u					1.			-	
MP	unknown		Mainte	enance							D.C	C. Govt
	17. FATHER'S NAME (First, Middle, Last)		C: 11e	24400			er's na ella		Aiddle, Maiden	Sumame)		Floral des
BE	Leon 19a. INFORMANT'S NAME (Type/Print)			erson	On 11 1 1 1				er, City or Towl			Epplin
2	Margaret V. Gilker	rson		5 Gree					nkirk,		207	754
	20a. METHOD OF DISPOSITION 14. Burlal 2 Cremation 3 Ramon		PLACE AND DATE	-			CC	DAT		CATION C		
	14 Burial 2 Cremation 3 Ramov	ral from State ceme	tery, crematory or C. Linco	other piecel OIn Ce	mete	erv	6-25	5+94		entwo	•	
	21. SIGNATURE OF FUNERAL SERVICE LIPE					ADDRES						
	1 / /	11		Pau	icch	Ehm	oro	l Hor	00 DA	Ouri	200	, MD 20736
	23. PART I. Enter the diseases, or po	emplications that caused	the death. Do	not enter th	ne mode	of dvin	er a	h aa care	liac or reani	catory arm	net.	Approximate
	shook, or heart failure, L IMMEDIATE CAUSE (Final	at only one cause on ear	ch line.				,				,	Interval Between Onset and Death
	disease or condition	Meter	tati	1	1.	,	1		nom 7			Onset and Death
	resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE C	<u>し</u> の。 所:	1///		C	CCI	10041			
z	**************************************											
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE C	OF):								
2	CAUSE (Disease or Injury	2112 22 102 12 1										
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE C	DF):								i I
CERTIFICATION	d.											
AP	PART ii. Other algnificant conditions	contributing to death bu	t not reaulting	in the unde	erlying o	cause gi	lven in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDIC	Hypo414	comm 2	to Lie	1 /	ret	astro	0		1 TES 2			COMPLETION OF CAUSE OF DEATH?
E I	Preser	20219										1 TYES 2 NO
ä	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE O	F DEATH	H YE	S	NC					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLAC	CE OF DE	ATH (Ch	eck only on	e)			
YSI		Inpatient 2 ER/Outpar		4 - Nursing			idence	8 🗆 Othe	(Specify)			
	27. MANNER OF DEATH 1. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	Bc. INJUR	(?		28d. DES	CRIBE HOW II	JURY OCC	URED	
B	2 Accident Investigation	20- 01 405 05 (4) (10)	441			S 2 🗌	NO					
COMPLETED	3 Suicide S Could not be datermined	28a. PLACE OF INJURY - building, etc. (Specif	/y)	street, factory	у, опіса			City	ATION (Street a or Town, State)	nd Number	or Rural F	loute Number,
	29a. CERTIFIER DE CERTIFYING PHYSICI	IBN: To the heat of my knowle	del deserva				200		an, 5, 3,	A		
MP		IAN: To the best of my knowle On the beals of examination										and manner as stated
	290. SIGNATURE AND TITLE OF CERTIERS	al m	<u> </u>			194. LICEN						(Mooth, Day, Year)
8	/1/	1///			- 11	0	2.2	17 3	: I	D6-	- 7 7	S CI
임	30. NAME AND ADDRESS OF PERGON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	a, Print)		1	2)	14)		T M	CL	1-1
	- Constitution of the Cons											3
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNA	TURE	,	_							
1	31. DATE FILED (Month, Day, Year) JUN 2 4 1994	Julia Davides	- Rardall									

165 /...

BALTIMORE, MARYLAND 21215-0020

should

-	
0	
9	
9289	
-	
∞	
CO	
_	
-	
BOX	
\circ	
000	
ш	
_	
0	
۵.	
India	
_	
10	
S	
_	
_	
Page	
Mar.	
0	
$\mathbf{\circ}$	
RECOR	
$\mathbf{\mathcal{C}}$	
111	
-	
000	
_	
- 1	
_	
S	
_	
-	
>	
-	
1.0	
ш.	
$\mathbf{\circ}$	
_	
7	
=	
0	
_	
U)	
-	
2	
2000	
=	
\Box	
_	

	CONTROL OF THE DAY OF THE PARTY
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
death. Page 6 may be retained by the hospital or attending physician.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	t. DECEDENT'S NAME (First, M	fiddle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
		200	Ellen	C C.						MONTH	DA		YEAR	
	4. SOCIAL SECURITY NUMBER		5. SEX	S. G: 6. AGE (In yrs. I	cange	1				June		1994		0835 м
	Sales and the sales and the sales are		1 M 2 XF	6. AGE (III yrs. I		IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF (Month, I	3, 1		Countr	IPLACE (State or Foreign y)
	213-74-5249				YRS.						3, 1			sachusetts
السا	9a. FACILITY NAME (If not insti		set and number)						ON OF DE	ATH			NTY OF D	EATH
DIRECTOR	512 Baron Ro					NOI	cth.	East				Cec	11	
5	RESIDENCE OF DECE	DENT			T									
2	Maryland	Cecil			100	v, rown o		ION						10d, INSIDE CITY LIMITS?
		Cecii			NO	I CII I	ast							1 YES 2 NO
₩	10e. STREET AND NUMBER	-						ZIP COD				-		VHAT COUNTRY?
ij	512 Baron Ro	oad						2190	Т			U.S	5.A.	_
ا يَ	11. MARITAL STATUS		t2. WAS DECEDEN	T EVER IN U.S. A		13.	WAS DEC	ENDENT (F HISPAN	IC ORIGIN?	Specify Yes	or No-	14. RACE	E — American Indian, t, White, atc.
BY FUNERAL	1 Never Married 2 M 3 Widowed 4 Divorce		IF YES, GIVE V						Specify		atti pto-j		Speci	White
														wnite
COMPLETED	15. DECED (Specify only h	DENT'S EDUCA nighest grade of		16a. C	ECEDENT'S Give kind of e. Do NOT u	Work done	CCUPATIO	ON st of workli	ng	16b. K	IND OF BUS	INESS/IND	DUSTRY	
"	Elementary/Secondary (0-1)	2)	College (1-4 or 5	')						- 1				
M M	8			He	omema	ker								
용	17. FATHER'S NAME (First, Midd							18. MOT	HER'S NAM	ME (First, Mic				
96			dquist							Elle	n S.	Sjobe	erg	
2	19a. INFORMANT'S NAME (Тур			1						loute Number,				
-	Walter W. G				429	Baror	n Ro	ad -	Nort	th Eas	st, M	D 2.	1901	
	20a. METHOD OF DISPOSITION		val from Stata		AND DATE			me of		7-1	20c. LO	CATION —	City or To	wn, Stata
	4 Donation 5 Other (S			Bay	View	Ceme	eter	У		1994	Bay	Viev	w, Ma	aryland
	21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE			22.	NAME AL	D ADDRE	SS OF FAC	or Fu	neral	s. P	. A .	
	1 1/20		8 W.	0]	L03	West	Sto	ckton	Stre	et		
	23. PART I. Enter the disc	neses, or co	molicetions the	t caused the	eath Do					21921		reton, an	not.	Approximata
	ehock, or hea	irt fellure. L	let only one ceu	se on each lie	ie.			,			o or roup		001,	Interval Batween
	IMMEDIATE CAUSE (Finel disease or condition		0	T		- 1		0						Onaat and Death
	resulting in death)		DUE TO	gestin	H	CUT		mel	ne					
_			502.10	gesting (on as a cons Hyper (or sea cons	#									
CERTIFICATION	Sequentially list condition		DUE TO	(OR S A CONS	EQUENCE O	F):								
¥	If any, leading to immedicause. Enter UNDERLYING	G												
프	CAUSE (Disease or injury that initiated events		DUE TO	(OR AS A CONS	EOUENCE O	F):								
E	resulting in death) LAST	100												
		d.								_				
	PART II. Other eignificent	conditions	contributing to	deeth but not	recuiting	in the un	derlyln	g ceuse	given in i	Part I. 2	4a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	PART II. Other eignificent	conditions	contributing to	deeth but not	resuiting	in the un	derlyln	g ceuse	given in i			MED?	24b	AWAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	PART II. Other elgnificent	conditions	contributing to	deeth but not	recuiting	in the un	iderlyln	g ceuse	given in i		PERFOR	MED?	24b	AMAILABLE PRIOR TO
MEDICAL	PART II. Other eignificent								given in i	_	PERFOR	MED?	246	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	DID TOBACCO	USE CO	ONTRIBUTE			DEAT	H Y	ES 🗆	NO	_	PERFOR	MED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	DID TOBACCO	USE CO		TO CAU	SE OF	DEAT	H Y	ES	NO EATH (Che	- '	PERFOR	MED?	246	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH	USE CO	ONTRIBUTE HOSPITAL: 1 Inputient 2 28a. DATE OF	TO CAU	SE OF	OTHER 4 Num	H Y 26. PL R: sing Hom 26c. INJ	ES ACE OF D	NO EATH (Che	nck only one) 8 Other (PERFOR	NO NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pe	USE CO	ONTRIBUTE HOSPITAL: 1 Inpetient 2	TO CAU	SE OF	OTHER	26. PL	ES ACE OF D	NO EATH (Che	nck only one) 8 Other (PERFOR	NO NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
BY PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 Natural 5 Pe 2 Accident	USE CO	ONTRIBUTE HOSPITAL: 1 Inpetient 2 26e. DATE OF (Month, D) 26e. PLACE O	TO CAU ER/Outpatient IIIJURY ay, Year) FINJURY — At I	SE OF	OTHER 4 Num NE OF JURY	26. PL R: Bing Hom 26c. INJ WO	ACE OF D ACE OF D TO S NA RE URY AT RK? YES 2	NO EATH (Che	8 Other (128d, DESCI	PERFOR	NO NO	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
BY PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 VES 2 NO 27. MANNED OF DEATH 1 Natural 5 Pe 2 Accident Im 3 Suicide 6 Ca	USE CO	ONTRIBUTE HOSPITAL: 1 Inpetient 2 26e. DATE OF (Month, D) 26e. PLACE O	TO CAU	SE OF	OTHER 4 Num NE OF JURY	26. PL R: Bing Hom 26c. INJ WO	ACE OF D ACE OF D TO S NA RE URY AT RK? YES 2	NO EATH (Che	8 Other (128d, DESCI	PERFOR	NO NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO
BY PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident 3 Suicide 6 Cc 4 Homicide 6 de	USE CO	ONTRIBUTE HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE Obuilding,	TO CAU ER/Outpatient INJURY ay, Year) FINJURY — At I etc. (Specify)	SE OF	OTHER OTHER	28. PL 28. Bling Hom 28c. INJ WO 1 U	ACE OF D ACE OF D O 5 M/Ri URY AT RK? YES 2	NO BEATH (Che Beldence	eck only one) 8 Other (3 28d. DESCI	PERFOR YES 2 Specify) RIBE HOW III	NO NO NO NO NO NO NO NO NO NO NO NO NO N	CURED or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO
BY PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per 2 Accident Im 3 Suicide 6 Cc 4 Homicide de 29a. CERTIFIER (Check only)	USE COMEDICAL Inding restigation ould not be termined	ONTRIBUTE HOSPITAL: 1 Inpetient 2 28e. DATE Of (Month, D) 28e. PLACE Obuilding,	TO CAU ER/Outpatient INJURY Wy Year) FINJURY — At I etc. (Specify) my knowledge, t	SE OF 3 DOA 28b. Till in.	OTHER 4 Num	28. PL 3: sing Hom 28c. INJ WO 1 Ory, office	ES	NO BEATH (Che Baldenca	s Other (: 28d. DESCI	PERFOR YES 2 Specify) RIBE HOW II TOWN, Street a Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	CURED or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO
PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1	USE COMEDICAL CONTROL OF CONTROL	ONTRIBUTE HOSPITAL: 1 Inpetient 2 28e. DATE Of (Month, D) 28e. PLACE Obuilding,	TO CAU ER/Outpatient INJURY Wy Year) FINJURY — At I etc. (Specify) my knowledge, t	SE OF 3 DOA 28b. Till in.	OTHER 4 Num	28. PL 3: sing Hom 28c. INJ WO 1 Ory, office	ACE OF D ACE OF D OF S WRI URY AT PRE? 2 [a and place leath occur	NO BEATH (Che Beldence NO NO and due	281. LOCAT City or	PERFOR YES 2 Specify) RIBE HOW II TOWN, Street a Town, State)	NONJURY OCCURRENCE AS STATEMENT	CURED or Rural II ted.	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO Route Number,
BY PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1	USE COMEDICAL pending vestigation puld not be termined TYING PHYSIC AL EXAMINER	ONTRIBUTE HOSPITAL: 1 Inpellent 2 28a. DATE OF (Month, D 28a. PLACE OF building, IAN: To the best of a	TO CAU ER/Outpatient INJURY ay, Year) F INJURY — At I etc. (Specify) my knowledge, axamination and/or	SE OF 3 DOA 28b. Till in.	OTHER 4 Num	28. PL 3: sing Hom 28c. INJ WO 1 Ory, office	ACE OF D ACE OF D OF S WRI URY AT RK7 YES 2 [a and place leath occur 29c. LIC	NO saldence NO No note the red at the red at the red server.	8 Other (2 28t. LOCAT City or to the cause time, data an IBER	PERFOR YES 2 Specify) RIBE HOW II TOWN, Street a Town, State)	NONJURY OCCURRED TO THE STATE OF THE STATE O	CURED or Rural II ted.	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED TO LEXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per 2 Accident Im 3 Suicide 6 Cc 4 Homicide 6 Cc 4 Homicide 1 CERTIF (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE O	USE COMEDICAL Inding vestigation ould not be returnined EYING PHYSIC AL EXAMINER OF CERTIFIER	ONTRIBUTE HOSPITAL: 1 Inpetient 2 28a. DATE Of (Month, D) 28a. PLACE Obuilding, IAN: To the best of a	TO CAU ER/Outpatient INJURY — At I etc. (Specify) my knowledge, xamination and/o	SE OF 3 DOA 28b. Till in. coma, tarm,	OTHER 4 Number of Juny M street, tact	28. PL 3: sing Hom 28c. INJ WO 1 Ory, office	ACE OF D ACE OF D OF S WRI URY AT RK7 YES 2 [a and place leath occur 29c. LIC	NO BEATH (Che Beldence NO NO and due	8 Other (2 28t. LOCAT City or to the cause time, data an IBER	PERFOR YES 2 Specify) RIBE HOW II TOWN, Street a Town, State)	NONJURY OCCURRED TO THE STATE OF THE STATE O	CURED or Rural II ted.	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1	USE COMEDICAL And MEDICAL And	ONTRIBUTE HOSPITAL: 1 Inpatient 2 28s. DATE Of (Month, D) 28s. PLACE Of building, IAN: To the best of a COMPLETED CAU	TO CAU ER/Outpatient INJURY ey, Year) FINJURY — At I etc. (Specify) my knowledge, assembled and/o	SE OF 3 DOA 28b. Tilk IN. 18b. John Larm, Jeath occurr Investigation	OTHER 4 Number of JURY M street, tact	26. PL 3: aling Hom 28c. INJ WO 1 ory, offic	ES	NO BEATH (Che asidence NO NO No No No No No No No No No No No No No	8 Other (2 28t. LOCAT City or to the cause time, data an IBER	PERFOR YES 2 Specify) RIBE HOW II TOWN, Street a Town, State)	NONJURY OCCURRED TO THE STATE OF THE STATE O	CURED or Rural II ted.	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 VES 2 NO 27. MANNED OF DEATH 1 Natural 5 Pe 2 Accident 3 Suicide 6 Ca 4 Homicide de 29a. CERTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE O MONTA M. 30. NAME AND ADDRESS OF F 3 MAULDIN	USE CO MEDICAL ponding restigation build not be restramined TYING PHYSIC AL EXAMINER FERSON WHO A WE.	ONTRIBUTE HOSPITAL: 1 Inpellent 2 28e. DATE OF (Month, D 28e. PLACE C building, IAN: To the best of c On the bests of a	TO CAU ER/Outpatient INJURY ey, Year) FINJURY — At I etc. (Specify) my knowledge, and analysis see OF DEATH (IT	SE OF 3 DOA 28b. Tilk IN. 18b. John Larm, Jeath occurr Investigation	OTHER 4 Number of JURY M street, tact	26. PL 3: aling Hom 28c. INJ WO 1 ory, offic	ACE OF D ACE OF D OF S WRI URY AT RK7 YES 2 [a and place leath occur 29c. LIC	NO BEATH (Che asidence NO NO No No No No No No No No No No No No No	8 Other (2 28t. LOCAT City or to the cause time, data an IBER	PERFOR YES 2 Specify) RIBE HOW II TOWN, Street a Town, State)	NONJURY OCCURRED TO THE STATE OF THE STATE O	CURED or Rural II ted.	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED TO LEXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per 2 Accident Im 3 Suicide 6 Cc 4 Homicide 6 Cc 4 Homicide 1 CERTIF (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE O	USE COMEDICAL pording vestigation build not be termined TYING PHYSIC AL EXAMINER OF CERTIFIER OF	ONTRIBUTE HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D 28e. PLACE C building, IAN: To the best of completed cau 32. REGISTRA	TO CAU ER/Outpatient INJURY ey, Year) FINJURY — At I etc. (Specify) my knowledge, assembled and/o	SE OF 3 DOA 29b. Tihin in. Jeath occurr Investigation EM 27) (Types	OTHER 4 Number of JURY M street, tact	26. PL 3: aling Hom 28c. INJ WO 1 ory, offic	ES	NO BEATH (Che asidence NO NO No No No No No No No No No No No No No	8 Other (2 28t. LOCAT City or to the cause time, data an IBER	PERFOR YES 2 Specify) RIBE HOW II TOWN, Street a Town, State)	NONJURY OCCURRED TO THE STATE OF THE STATE O	CURED or Rural II	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO Route Number,

DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	RI	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) MELVIN	GRE	EN J	R.		2. DATE OF D MONTH JUNE	DAY	YEAR 9 4	3. TIME OF DEATH
	221-54-6479 221-64-5479	1 × M 2 □ F 28	n yrs. last birthday) IF YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.				
TOR	99. FACILITY NAME (If not institution, give stre UNION HOSPITA RESIDENCE OF DECEMENT				TON			CEC	DEATH
DIRECTOR	10e. STATE 10b. COUNTY CECI	L		OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	10e. STREET AND NUMBER 134 W. MAIN ST.		'	101	21913			S.A	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Z Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, sp	ENDENT OF HISPAN Icity Cuben, Mexica 2 NO Specify	n, Puerto Rican			E — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	16e. DECEDENT'S USI (Give kind of work life Do NOT use re Machine Spooler (done during mo tired.)	st of working	Apli	of Business/ii ed Tech ddletow	Ext	ortion
BE CON	17. FATHER'S NAME (First, Middle, Last) MELVIN GREEN	SR.			16. MOTHER'S NA RENIE				
TO B	19e. INFORMANT'S NAME (Type/Print)		19b, MAILINO AD	DRESS (Street a	nd Number or Rural I	Route Number, C	ity or Town, State, 2	(ip Code)	
-	Renie Robinson				Phce, Wi				
	20 METHOD 05-DISPOSITION 1 ASIGN 2 Cremetion 3 Remon	G1	PLACEAND DATE OF B etery, crematory or other CACELAWN	lem. Pk	. 07/	02/94	New Cas	-	
	21/SIGNATURE ON FUNERAL SERVICE LIGHT	11 11 1	00860	Congo	Funeral Box 2593	Home	DF 10	9805	
	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	St only one cays on ea	ich lina.		who has		or reapiratory a	rreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):						
	PART II. Other aignificant conditions	contributing to death be	ut not reaulting in t	he undarlyln	g cause given in	Part I. 24s.	WAS AN AUTOPS	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL						_ 15	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
AN	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF D						
SICI	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch 5 ☐ Residence		adh.i		
PHYSICIAN:	27. MANNER OF DEATH 1 Matural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ			E HOW INJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, stre-			28f. LOCATION City or Tox	N (Street end Numb vn, State)	er or Rural	Route Number,
COMPLET		AN: To the best of my knowle							(a) and manner as stated
E CC	29b. SIGNATURE AND TITLE OF CERTIFIER	1) !			29c. LICENSE NUI				D (Month, Day, Year)
0	Theodore U	Kun	MI A		OCME	V-1		UNE	26, 1994
5	30 NAME AND ADDRESS OF PERSON WHO		TH (ITEM 27) (Type, Pri			imore			
	31. DATE FILED (Month, Day, Year)	A REGISTRAR'S SIGNA	TURE		,	-inor G	HULYI	and	21201

≥	200	ě		9
BALIIN	ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
'n	fler (the	oval.	al e
	JIS a	in by	rem	edic
	ρ	pa	٦. 0٢	E
	7	Bhy fi	ation	₹.
OC.	WITH	plete	Сгеп	/ent
2	urted	000	rial.	20 0
٥	exec	and	o pr	mati
S	8	ician	ior t	raur
n	cate	ohysi	of all	er t
j	Sertif	ling	ygien	듬
J.	the	tend	ai H	10
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	the de	the at	be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	njury
ב	that	d by	h and	any
3	ires	Sign	featt	848
븯	requ	een	o	sho
Ļ	Jaw.	as b	Dept	23
~	4: The	cate h	State	item
>	CIA	ertifi	the	0
5	HYS	his c	With	ked,
Z	4G P	ter ti	ath 1	mar
2	NO.	R. A	er de	9
2	ATTE	6	s afte	28
5	OR.	DIRE	hours	item
	IAL	RAL	2	=
	OSP	UNE	rithin	ANT
1	王里	HEF	ed w	OHI
Ī	10	T O	be fil	MP
1	1 1	6	ji.	
		- 4	9	

(1/4)

	P		
	hout		
	3 5		
	S		
	S.		
	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 si		
	rmit		
	it pe		
	ransi		
5	ial-ti		
-	par		
	the state		
	88 8		
	T USA		
	log p		
1	orhe		
	deta		ONC
	2		Te
	pino		led
	5 S		otil
	ige !		96
	c pa		st b
	ecto		mu
	J dir		1er
	nera		imi
	e fu	-	exa
	Sy th	MOV	cal
	5	H re	per
	filled	n. C	9
	eh	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	plet	cren	Vent
	COL	rial.	39 3
	and	pg (Jati
	lan	of 10	aun
	PySic	price .	r tr
	d bi	ilene	the
	ndin	HYD	0 0
	atte	intal	7
	the	1 Me	min
	d by	and	NA.
	ignet	ealth	8 3
-	IS US	of He	MOG
	pee :	pt. c	3 8
	has	De De	П 2.
	cate	State	ile
	ertifi	the	0
	JIS C	AIT)	ed.
	Br th	th w	Jark
	Aff	dea	10

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG	. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) GEORGE	IENRY	GALE		9	2. DATE OF DEA	тн 23 19	9°4°	3. TIME OF DEATH 9:20 P M
		5. SEX 8. AGE (In	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	м	a BIDTA	IPLACE (State or Foreign
	Sa. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN	OR LOCATION OF DE			NTY OF D	
DIRECTOR	MD.RTE.394 AND				HILL				ster
E	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCA	TION				10d. INSIDE CITY
	-	omack	Wa	llops I	sland				LIMITS?
FUNERAL	Carroll Street			16	23337		10g. CITI	ZENLOF V	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES	J.S. ARMED 2 NO ES	It yes, s	CENDENT OF HISPAN pecify Cuban, Maxica S 2 NO Specifi	n, Puarto Rican, el		14. RACI Blac Spec	E — American Indian, k, White, atc. Hy: White
	15. DECEDENT'S EDUCA		6a. OECEDENT'S	USUAL OCCUPAT	ION	16b. KIND C	F BUSINESS/IND	USTRY	
COMPLETED	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during more relired.)	uard.	Go	verment	:	
M		1		<u> </u>		ME (First, Middle A	Inidan Suranma)		
BE C	17. Fother's NAMPTFirst, Middle, Lasty Gar	le				ME (First Middle N			
5	190. INFORMANT'S NAME (Type/Print) Tamera Gale		(arro	ADDRESS (Street	et, Walle	Route Number, City	nd, Story, Zip	gini	a 23337
	20a. METHOD OF DISPOSITION 1	ral from State	LACE AND DATE O	_			una, A		
	21. SIGNATURE OF FUNERAL SERVICE LICE		10	_	et Tineti			-	
	Gonalance	e dalun t	2000	(hinc	o teague,	Virgini	a 23336)	
	23. PART I. Enter the diseases, or co ahock, or heart failurs. Li IMMEDIATE CAUSE (Final	mplications that coused t iat only one cause on eac	he deeth. Do n h lina.	ot enter the m	ode of dying, auc	h as cerdiac or	reaplratory are	eat,	Approximata interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A C	ONSEQUENCE OF	2 11	Vins	-5			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A C	ONSEQUENCE OF):					
¥.	cause. Enter UNDERLYING								
Ē	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A C	ONSEQUENCE OF):					
E	resulting in death) LAST								
	DART II Other elgolfloort conditions		- A saladatatat						
EDICAL	PART II. Other significent conditions	contributing to deeth but	not resulting ii	n the underlyin	ng ceuse given in		AS AN AUTOPSY ERFORMED?	246	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ğ						—	ES 2 NO		OF DEATH?
Σ						_ ' `	•		VES 2 NO
Z	DID TOBACCO USE CO	ONTRIBUTE TO C	AUSE OF	DEATH '	YES NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH (Ch	eck only one)			
YSI		1 Inpetient 2 ER/Outpeti	ent 3 🗆 DOA	4 Nursing Ho	me 5 🗆 Residence	8 XOther (Specif) SCENE	OF	ACCIDENT
H	27. MANNER OF DEATH	28a, DATE OF INDURY	28b. TIME	OF 28c. IN	JURY AT ORK?	201. ревсиве	HOW INJURY OC	CURED	. 1
B	1 Natural 5 Pending 2 Accident Investigation	0/23/99	211	M 1 🗆		Mile	r in	$M \setminus M$	M
	3 Suicide 8 Could not be	28a PLACE OF INJURY — building, etc. (Specify	At home, term, s	treet, factory, offi	ca	281. LOCATION (Street and Number	or Rural	Route Number,
TE	4 Homicide determined	- 19, 212 (2),001)	There	T		Ries.	394 +	-11	3
٦	29a. CERTIFIER 1 CERTIFYINO PHYSICI	AN: To the best of my knowled	las deeth occurre	d at the time det	a and place and due	to the operate's	od manner se ctor	ad	
COMPLETED		On the basis of examination a							s) and manner as stated.
	299 SIGNATURE AND TITLE OF CERTIFUER	1 .			29c. LICENSE NUI				(Month, Day, Year)
TO BE	(aunt	of M)			O.C.M.				24,1994
_	JURON LOCK	COMPLETED PAUSE OF DEATH			et, Bal	timore	, Mary	lan	d 21201
	31. DATE FILED (Month, Day, Year) JUN 27 1994	32. REGISTRAR'S SIGNAT	URE Raydell			-	À		
H		1//							

You'z

	dea	4
	10	4
	aft	1
	5	-
_	ğ	7
	17	- Ha
	-	4
3	ig.	-
3	3	1
	8	3
?	5	4
	8	4
	9	1
,	9	3
3	cat	1
	草	1
	9	1
	5	-
-	lea	1
?	0	1
2	5	
	hat	4
)	10	
)	ife	1
ı	8	
	1 10	1
ı	6	1
	9	4
	F	1
	3	9
	2	1
	3	
-	표	4
	9	1
)	S	0.20
	EN	6
	5	ı
	OC.	200
	ILL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 27 nours after dea	An experience are a selection from the selection of the s
-	垂	

110			CENTIF	CATE OF	DEAIR	REG. NO),	
	1. DECEDENT'S NAME (First, Middle, La					2. DATE OF DEATH	MAY YEAR	3. TIME OF DEATN
	Anna Blair	Garrison				July 4,	1994	1:03 p
	4. SOCIAL SECURITY NUMBER 110-10-0959 9a. FACILITY NAME (If not institution, g	1 🗆 M 2 😾 F	E (In yrs. lest birthday) 84 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 08-01-1	909	ITHPLACE (State or Foreign intry) NJ
5	Calvert Coun	ty Nursing	Center		on Location of D		9c. COUNTY OF	Lvert
DIRECTOR	10a. STATE 10b. COU			town or Loca	rion Frederi	ck		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 85 Hospital				f. ZIP CODE	678	10g. CITIZEN OF	F WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes, sp	CENDENT OF NISPA	ANIC ORIGIN? (Specify Yesan, Puerto Rican, atc.)	s or No— 14. RA	ACE - American Indian, ack, White, atc.
2	15. DECEDENT'S (Specify only highest g	EDUCATION rade completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of w life. Do NOT us	rork done during me	ON ost of working	16b. KIND OF BU	JSINESS/INDUSTRY	
COMPL	12		housev	vife				11 / 60
<u> </u>	17. FATHER'S NAME (First, Middle, Last) Clarence T.				18. MOTHER'S N	AME (First, Middle, Melder beth		Harris
0 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street		Route Number, City or Tox	vn, State, Zip Code)	1
	Mrs. Lynn G.					untingto		
	20a. METNOD OF DISPOSITION 1 Duriel 2 7 Cremation 3 F	Removal from State Co	0b. PLACE AND DATE Commetery, crematory or of	her place)			OCATION — City or	
	4 ☐ Donation 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE		<u>Metropol</u>		remator		Alexa	ndria, VA
	> William			22. HAME A	ND ADDRESS OF F	ACILITY		
	IMMEDIATE CAUSE (Final disesse or condition	re. List only one cause on A ー リモロ			-	ch as cerdlec or resp		Opent and Day
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	BUE TO (OR AS	A CONSEQUENCE OF	ROTION RIPHE	e v eral	VASCULF	AR DI	Interval Between Onset and Das SEASE 2 m
ERTIFICATION	IMMEDIATE CAUSE (Final disesse or condition resulting in death)	S. ATHER DUE TO (OR AS DUE TO (OR AS C. GANG	OSCLE A CONSEQUENCE OF P	ROTION OF		VASCULF	AR DI	Interval Between Onset and Daw Onset and Daw Onset and Daw Onset and Daw Onset and Daw Onset and
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF	ROTION PHE	E V ERAL LE	VASCULF FER.	AR DISCONNECTOR 2	Interval Between Onset and Daw
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the conditions in the	BUE TO (OR AS DU	A CONSEQUENCE OF	ROTION RIPHE	E V ERAL LE	ASCULF VASCULF For I. 244. WAS AIT PERFO 1 Per I. YES	AR DISCONNECTOR 2	Interval Betwee Onset and Dae Onset and Dae Onset and Dae Onset and Dae Onset and Dae Onset and Dae Onset and Dae Onset and Dae Onset Onse
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the conditions in th	DUE TO (OR AS DU	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF	POTHER	ERAL LE Ig cause given in	ASCULF VASCULF For I. 244. WAS AIT PERFO 1 Per I. YES	AR DISCONNECTOR 2	Interval Between Onset and Date Onset and Date Company of the Comp
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condition of the condition of the cause of the condition of the	B. ATHER DUE TO (OR AS DUE TO (OR AS C. ANG DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF REAL CONSEQUENCE OF BA CONSEQUENCE OF BA CONSEQUENCE OF BA CONSEQUENCE OF BUT TO THE STATE OF THE STATE O	POTHERY OTHERY A D Mursing Hone OURY 26. P. W. W. W. W. W. W. W. W. W.	ERAL LE Ig cause given in	ASCULF VASCULF F AS CULF Later MAS AI PERFO 1 YES Theck only one)	AR DISCONAUTOPSY 2 2-12-100	Interval Between Onset and Date Onset and Date Onset and Date Onset and Date Onset O
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the condition of the condition of the cause of the condition of the	B. ATHER DUE TO (OR AS DUE TO (OR AS C. GANG DUE TO (OR AS d HOSPITAL: 1 Inpattant 2 ERVOUR (Morth, Day, Year) be 28e, PLACE OF INJUR	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting I A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF	POTHERS OTHERS OTHERS A DAYSING HON URY M 1	IZ CALL IZ	ASCULF VASCULF FOR . Part I. 24a. WAS AI PERFO 1 YES theck only one) 6 Other (Specify)	NAUTOPSY 2 PNO 2 P	Interval Between Onset and Date Onset and Date Company of the Comp
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of	B. ATHER DUE TO (OR AS DUE TO (OR AS C. GANG DUE TO (OR AS d HOSPITAL: 1 Inpattant 2 ERVOUR (Morth, Day, Year) be 28e, PLACE OF INJUR	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF B A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF B A CONSEQUENCE OF A CONSEQUENCE OF B A CONSEQUENCE OF A CONSEQUENCE OF B	POTHERS OTHERS A Nursing Hon E OF 28c. IN. WY M 1 Intreet, factory, office	ERAL Ig cause given in LACE OF DEATH (C) IJURY AT ORK? YES 2 NO To a end place, and du	A SCOLE VAS COLE VAS COLE VAS COLE 1 Part I. 24a. WAS AI PERFO 1 YES Check only one) 28d. DESCRIBE HOW 28d. DESCRIBE HOW 28d. LOCATION (Street City or Town, State	NAUTOPSY 2 PNO 2 PNO PNO PNO PNO PNO PNO PNO PNO PNO PNO	Interval Betwee Onset and Dae Onset and Dae Onset and Dae Onset and Dae Onset and Dae Onset Onse
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of	B. ATHER DUE TO (OR AS DUE TO (OR AS C. ANG DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF B A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF B A CONSEQUENCE OF A CONSEQUENCE OF B A CONSEQUENCE OF A CONSEQUENCE OF B	POTHERS OTHERS A Nursing Hon E OF 28c. IN. WY M 1 Intreet, factory, office	ERAL Ig cause given in LACE OF DEATH (C) TOPIC? YES 2 NO TOPIC? Topic a and place, and dudenth occurred at the 29c. LICENSE NU	A SCOLE VAS COLE VAS COLE To Part I. 24a. WAS AI PERFO 1 YES Theck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Street Perform) 10 to the cause(a) and make time, data and place, a sumBER	NAUTOPSY RMED? 2 NO INJURY OCCURED and Number or Rura anner as stated. and due to the cause.	Interval Betwee Onset and Dasis Conset
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the condition of the condition of the cause of the condition of the	B. ATHER DUE TO (OR AS DUE TO (OR AS C. GANG DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF B A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF B A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF B A CONSEQUENCE OF A CONSEQUENCE OF B A CONSEQUENCE OF A CONSEQUENCE OF B A CONS	The underlying of the time, dat the time, da	ERAL Ig cause given in LACE OF DEATH (C) TOPIC? YES 2 NO TOPIC? Topic a and place, and dudenth occurred at the 29c. LICENSE NU	A SCOLE VAS COLE VAS COLE The Part I. 24a. WAS AI PERFO 1 YES Theck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Street City or Town,	NAUTOPSY RMED? 2 NO INJURY OCCURED and Number or Rura anner as stated. and due to the cause.	Interval Betwee Onset and Das Onset and Das Onset and Das Onset and Das Onset

32. REGISTRAR'S SIGNATURE

JUL - 6 1994

المعاربة السالية

TEM BE III

T	
10	
2121	
2	
-	
2	
AND.	
d	
7	
_	
_	
Œ	
d	
MARY	
~	
-	
ш	
Œ	
0	
MO	
IMORE	
\vdash	
\vdash	
\vdash	
\vdash	
BALTIMO	
\vdash	
\vdash	
\vdash	
\vdash	

	1
-	1
	b
	7
9	f
0	3
9	-
2	9
30	-
	1
×	
0	1
0	1
	q
0	1
_	1
1	1
10	-
0	
H	1
<u> </u>	3
0	3
O	1
ш	
Œ	1
_	
7	
~	1
	1
>	-
ta.	5
7	1
U	1
Z	0
Ō	
\simeq	9
S	1
=	1
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The state of the s
	1

Dr. Rafik Nasr
31. DATE FILED (MONTH, Day, Year)
JUL - 6 1994

					TOATE OF	DEATH	REG. NO).			
1.7	1. DECEDENT'S NAME (First, Middle			QI T			2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
. 11		larke		otsis			6 30	19	94	21:00	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Count		
- 1	577-26-5244	1 □ M 2 🔀 F	81	YRS.		3.63	9-23-19			sh.,D.C.	
~	9a. FACILITY NAME (If not institution					OR LOCATION OF E			INTY OF D		
DIRECTOR	Calvert Memorial Hospital Prince Frederick, MD Calvert										
EC.		COUNTY		10c. CI	TY, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?	
5	MD	Cal	vert		Chesap	eake B	each			1 X YES 2 - NO	
AL	10a. STREET AND NUMBER	2 15.4	200		10	of. ZIP CODE		10g. CIT	TIZEN OF Y	WHAT COUNTRY?	
FUNERAL		reet, Nor					732	_	USA		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced		NT EVER IN U.S. 1 YES 2 1		If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 1 NO Spec	NNIC ORIGIN? (Specify Yosan, Puerto Ricen, etc.)	es or No—	14. RACI Blac Spec	E — American Indian, k, White, atc. #/y: White	
ETED.	16. DECEDENT	'S EDUCATION	16a.	DECEDENT	B USUAL OCCUPAT	ION	16b. KIND OF BE	JSINESS/IN	DUSTRY		
E	(Specify only higher Elementary/Secondary (0-12)	College (1-4 or 5	+)	Itte. Do NOT L	work done during muse retired.)	lost or working					
MPI	12			Home	e maker			-			
COMPL	17. FATHER'S NAME (First, Middle, L					18. MOTHER'S N	AME (First, Middle, Malde				
BE	Guy Eversfi		cins			Carri				rke	
10	19a. INFORMANT'S NAME (Type/Prin						I Route Number, City or To	wn, State, Zi	(ip Code)		
	Marcus Gots	15				10 abo					
- 3	20s. METHOD OF DISPOSITION 1 Burisl 2 Cremation 3 [4 Donation 5 Dother (Specific		cemetery	cremetory or	OF DISPOSITION () other place)		ry 7-5-94	OCATION -	-		
	23. PART I. Enter the disease shock, or heart for	e, or complications the	at caused the	death. Do			eral Home			Approximat	
	23. PART I. Enter the disease shock, or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)	allure. List princario ca	at caused the cuse on each I	line.	not enter the m					Approximate Interval Bets	
ERTIFICATION	ahock, or heart for immediate CAUSE (Final disease or condition	a. List Drivers can be a Die To Due To Can Ball	use on each I	ISEQUENCE (not anter the m					Approximate Interval Bets	
: MEDICAL CERTIFICATION	shock, pr heart for immediate cause. Enter UNDERLYING CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Die To Due To Ca. But To Due To Ca. But To Due To Ca. But To Due To Ca. But To Due To Ca. But To Due To Ca. But To Due To Ca. But To Due To	O (OR AS A CON	ISEQUENCE (orp: Orp: Prum Orp: Conficeration	echoy onea-	n Part I. 24e. WAS A	N AUTOPSY	rreat,	Approximate interval Bett Onset and E Onse	
MEDICAL	shock, pr heart for immediate cause. Enter UNDERLYING CAUSE (Disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	b. Due To d. Due To d. Carributing to Carributing t	O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON	ISEQUENCE OF THE PROPERTY OF T	DF): OF): OF): Prum SF): In the wholerly!	echay	n Part I. 24e. WAS A PERFC 1 □ YES	N AUTOPSY	rreat,	Approximate Interval Bett Onset and E Onse	
MEDICAL	ahock, Dr heart for IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the conditions of	a. Die To Due To	O (OR AS A CON O (OR	ISEQUENCE (SEQUENCE (OF): OF): OF): OF): OF): OF): OF): OTHER: 4 Nursing Ho	echery echery echery echery processes given in the state of DEATH (come 5 Residence ANURY AT	n Part I. 24e. WAS A PERFC	N AUTOPSY PRMED? 2 NO	248	Approximate Interval Betwoen and D Onest a	
PHYSICIAN: MEDICAL	ahock, Dr heart for IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are successful to the conditions of the	a. Die To Due To	D (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON	ISEQUENCE (SEQUENCE (OF): OF): OF): OF): OF): OF): OTHER: 4 Nursing Ho ME OF 28c. If	echay echay ency ng cause given i	n Part I. 24e. WAS A PERFC 1 YES	N AUTOPSY PRMED? 2 NO	248	Approximate Interval Betwoen and D Onest a	
ED BY PHYSICIAN: MEDICAL	ahock, pr heart fill immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant contents in the content of the cause of the caus	a. Die Ti b. Due Ti c. Due Ti d. Due Ti d. HOSPITAL: 1 Inpetion (Month, getion not be building	D (OR AS A CON O CON	ISEQUENCE (SEOUENCE (OF): OF): OF): OF): OF): OF): OTHER: 4 Nursing Ho ME OF 28c. If	echey Chey n Part I. 24e. WAS A PERFC 1 YES	N AUTOPSY SHEET? 2 NO	244	Approximatinterval Bat Onest and I Onest and I b. WERE AUTOPSY FIN MAILABLE PRIOR TI COMPLETION OF CA OF DEATH? 1 YES 2 NC		
ED BY PHYSICIAN: MEDICAL	ahock, Dr heart fill IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST PART II. Other algnificant context in the context	a. Die To	D (OR AS A CON O (OR	ISEQUENCE (ISEQUE	OF): OTHER: 4	echdy Chdy n Part I. 24a. WAS A PERFC 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 261. LOCATION (Stree City or Rown, Status	N AUTOPSYDRMED? 2 NO NO NO NO NO NO NO NO NO NO NO NO NO N	24k	Approximate Interval Betw Onset and D b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATHN O' TO CAU OF DEATHN O' TO CAU OF DEATHN O' TO CAU		
BY PHYSICIAN: MEDICAL	ahock, Dr heart fill IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST PART II. Other algnificant context in the context	a. Die To b. Due To c. Due To d. Due	D (OR AS A CON O (OR	ISEQUENCE (ISEQUE	OF): OTHER: 4	echdy Chdy n Part I. 24e. WAS A PERFC 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State City or Town,	N AUTOPSY PRIMED? 2 NO 4 and Number of the prime of the p	CCURED er or Rurel lated.	Approximate interval Bett Onset and E Onse		

William 1884 or William Parket

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physicia	I in by the funeral director, page 5 should be detached for use as the burial-trop removal
		y filled
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physicia	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformers after death with the State Deer of Health and Mental Horiene and in burial cremation or removal

an. ransit permit. Pages 1, 2, 3 should TO THE HIGHEAL DIRECTOR. After this certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detached within the four after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR I _ STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
1 DECEDENT'S NAME (First Middle Lest)		A DATE OF DEATH

i	1. DECEDENT'S NAME (First	, Middle, Last)									OF DEATH			3. TIME OF DEAT	н
ľ	JAMES THOMAS				HOBBS, SR.					MONTH DAY VEAD			6:45	P_{M}	
	4. SOCIAL SECURITY NUME	5. SEX	5. SEX 6. AGE (In yrs.			DER 1 YEAR			7. DATE OF BIRTH		a. BIRTH	a. BIRTHPLACE (State or Foreign			
	215-18-98	1 🔀 M 2 🗌 F	7	3 YRS.	MONTHS	DAYS	HOURS 1	MIN.	1-9	-1921		Was	h.,D.C		
_	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY	TOWN	OR LOCATION	OF DEA	тн		9c. COU	NTY OF DE		
DIRECTOR	3618 YEL		ANK ROA	D		DUI	NKI	RK				CA	CALVERT		
EC	RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y, TOWN C	R LOCA	TION					1	10d. INSIDE CITY	
Ha	MD		Calver	t				Di	unk	irk				LIMITS?	
	10s. STREET AND NUMBER						10	. ZIP CODE				10g. CIT	. CITIZEN OF WHAT COUNTRY?		
FUNERAL	3612 Yell	ow Ba	nk Road	1					20	754		USA			
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A		13.	WAS DEC	ENDENT OF I	HISPANIC	ORIGIN	(Specify Yes	or No-	14. RACE	- American India White, etc.	in,
BY I	1 Never Married 2 3 1 Widowed 4 Divo		1940-	AR OR DATES	,,,,,			2 ⊠ NO		rueno n	rouri, ato.)	- 1	Specifi	ly:	
	15. DEC	EDENT'S EDUC			ECEDENT'S	USUAL O	CCUPATIO	OM .		165	KIND OF BUS	INESS (IN	MICTOV	white	
COMPLETED		y highest grade		- 6	Give kind of le. Do NOT u	work done	during mo	st of working		100.	KIND OF BOS	1111237111	203111		-
PP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2		iref	iaht	er			F	edera	1 G	over	nment	
Š	17. FATHER'S NAME (First, M	liddle, Last)						16. MOTHER	R'S NAMI	_	liddle, Malden				-
BE (John Wil	liam	Hobbs					Sara	ah	An	n Si	sso	n		
0	19a. INFORMANT'S NAME (,,						and Number or							
	James T.		Jr.		<u> 3618</u>	Yel	low	Banl	k R						4
	20a. METHOD OF DISPOSIT	n 3 🗆 Remo	oval from State	cemetery, c	rematory or o	ther place)				1	20c. LO				
	4 Donation 6 Other 21. SIGNATURE OF FUNERA		ENSEF	- MD	<u>Vete</u> :			Meter			2,199	4 C	helt	enham,	MD
	11-00-	P	H												
_	William	U /	lar									•	-	ings,	MD
	23. PART I. Enter the d shock, or h	eart fallure.	List oply one ceu	se on each lir	ieath. Do i ie.	not enter	the mo	de of dying	, auch	aa cerd	lec or reapl	ratory an	reat,	Approximation Interval Be	
	IMMEDIATE CAUSE (Fir disease or condition	nal	Non-	rioscl	lamad		O =	4		.1	Dia			Onset and	Death
	resulting in death)	→ .		(OR AS A CONS			Car	alova	isci	птат	DIS	ease	=		
_			332 10	(011 20 7 00113	EUOLIIUL U	* ,.								j	
CERTIFICATION	Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CONS	EOUENCE O	F):								-	
S	cause, Enter UNDERLY CAUSE (Disease or Inju	ING	c												
	that initiated eventa resulting in death) LAS		DUE TO	(OR AS A CONS	EOUENCE O	F):									
E	Traditing in equality Exis		d											-	
7	PART II. Other aignifica	nt condition	a contributing to	deeth but not	resulting	In the un	derlyln	g ceuse give	en In P	art I.	24a. WAS AN		24b.	WERE AUTOPSY FI	
MEDICAL										_	PERFOR			AMPLABLE PRIOR COMPLETION OF C	
MEC														1 YES 2 I	NO
	DID TOBACCO	O USE C	CONTRIBUTE	TO CAU	ISE OF	DEAT	H Y	ES 🗌	NO		INQU	TKY			[
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF OEAT	TH (Chec	k only one)				=
YSI	1 XYES 2 NO		1 Inpatient 2		_	4 🗆 Nun	Ing Hon	e 5 🗆 Resid							
	27, MANNER OF DEATH 1 X Natural 5	Pending	28n. DATE OF (Month, D		28b. TIN	URY M		PRK?	_	28d. DE\$	CRIBE HOW IF	NJURY OC	CUREO		
B	2 Contains	Investigation	28e, PLACE O	F INJURY — At ?	ome, farm.	street, fact		YES 2 N	\rightarrow	281 LOCA	TION (Street a	and Number	or Provide	Inche Mumber	
		Could not be datermined	building,	etc. (Specify)	101110, 101111,	atroot, Inct	ory, orne				r Town, State)	ING HUMBE	or noral n	oute number,	
9	29a. CERTIFIER 1 CERT	TIFYING PHYSI	CIAN: To the best of	my knowledge (deeth occur	ad at the t	lma data	and alone or	-d dua 1	a the saw					
COMPLETED			R: On the beals of e) and manner as s	tated,
BE C	296. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICENS				29d. DAT	E SIGNED	(Month, Day, Year)	
	/00	m,	//	iti mo				0.	C.1	М.Е.	.	•	JUNE	20,19	94
2	30. NAME AND ADDRESS OF							, -					. 7	3 2122	,
	Dennis C					nn S	tre	et, E	sal.	t 1mc	ore,	Mary	γıan	d 2120	1
	31. DATE FILED (Month, Day, JUN 2	The State of the S		Audion-A											
			-			_			-						

3. TIME OF OEATH

YEAR

REG. NO.

2. DATE OF DEATH DAY
JUNE 28, 1994

0	
0020	
0	
Ó	
IÓ.	4
T	
S	1
$\overline{}$	-
N	-
0	
=	1
	4
LAND 21215	1
	4
>	1
α	of the sales of the
4	.5
5	1
, MARY	i
III.	4
~	į
*	-
O	q
2	Once & mar h.
=	ć
	4
_	dand
A	40
BALTIMORE	0

FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

1 -

_	(2
	0.36
	22
50.	within
687	executed
õ	8
O. B(law requires that the death certificate be executed within 24/1
S, D	death
Ö	the
SH	that
REC	requires
	A.B
IA	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	I OR ATTENDING PHYSICIAN: The
ā	R
0	百

			S F. HOULI					June 28,	1994	EAR	11:15 PM
			100	yrs. lest birthdey) YRS.	IF UNDER 1 YE MONTHS DA		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign
3 should		018-24-7383 9a. FACILITY NAME (If not institution, give stree	- 0/	Tha.	9h CITY TO	WN OR LOCATIO	ON OF DE	Sept. 25,	1926 9c. COUNTY		achusetts
2, 3 sl	8	8139 Court Hous				omoke				ners	
-	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LO		010	, <u>y</u>	1 3011		
F. Pag	E B	Maryland Some	erset			ke Cit	- \/				d. INSIDE CITY LIMITS? VES 2 NO
Perm	3AL	10e. STREET AND NUMBER	7200		0001110	10f. ZIP COOE			10g. CITIZEN		T COUNTRY?
ing physician. the burial-transit permit. Pages	FUNERAL	8139 Court Hou		·			851			U.S.	
physician. burial-tran		1 Never Married 2 Married	2. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes	OECENDENT OF Specify Cuban YES 2 NO	1, Mexican	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No 14.	Black, W	American Indian, hite, atc.
attending se as the	D BY	3 Widowed 4 Divorced	Korean Wa:	r			зреспу.			Specify: Whit	ce
5 5	ETED	15. OECEOENT'S EOUCAT (Specify only highest grade co. Elementary/Secondary (0-12)	mpleted)	6a. DECEOENT'S (Give kind of life. Do NOT us	work done during	PATION most of working	7	16b. KINO OF BUS	SINESS/INDUST	FRY	
the hospital detached for once.	COMPL	12	College (1-4 or 5+)	Bank	Offic	er		Ban	kina		
	000	17. FATHER'S NAME (First, Middle, Lest)					ER'S NAM	E (First, Middle, Maiden			
retained by the hospit 5 should be detached notified at once.	BE	Peter P. Houl	<u>ihan</u>	T tob MAH INC	1000500	Br	idae	et Conno	lly		
ge 5 should be notified at	2	Mr. John P. Ho	ulihan					Salishu			11001
ins affer obeam. Page to may be not be the funeral director, page removal.		20e. METHOO OF DISPOSITION 1 Buriel 2 Cremation 3 Remove	20b. Pt	ACE ANODATE	OF OISPOSITION		eu.		CATION City		
direct		4 Donation 5 Other (Specify)	Sa:	lishur	v Cre	mator	у	6/29 Sa	lishuı	ry.	Md.
The factor of th		I STATE OF THE SERVICE DEEM	Λ			inman		um neral Hom	ne		
by the moval		23. PART Enter the diseases, or con	nolications the caused to	00295	1	1673	Some	erset Ave	P1	A	nne. Md.
POE		ahock, or heart fellure. Lis	t only one cause on eecl	h line.	or enter the	mode or dyin	ig, auch	as cerdiec or reapi	ratory arrest,		Approximate Interval Between
		disease or condition resulting in death)	Laenne	2,23	CIRA	h0513					Onset end Death
D - 0			OUE TO (OR AS A CO		F):						YCARS
and and	ON	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CO		F):	<u> </u>					months
	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	Respin	a tony	co.	npron	1190	20 40	(b)	j	weeks
	TIF	that initiated evente reaulting in deeth) LAST	OUE TO (OR AS A CO	ONSEQUENCE OF	F):	0 = +1.		2° to	,		minths
the attending Mental Hygie Ijury, or oth	၂ပ၂	d				-			d		かいいり
	MEDICAL	PART II. Other algnificent conditions of	ontributing to deeth but	not resulting i	In the underly	ying ceuse gi	ven in P	art I. 24a, WAS AN PERFOR		AVA	RE AUTOPSY FINDINGS ULABLE PRIOR TO
Sign Hea	/EDI	SIR endoca		· (· (ir) (11-			_ 1 YES 2	NO	OF	MPLETION OF CAUSE DEATH?
as been Dept. of 1	ż							-	1	1 [YES 2 NO
icate ha	PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER:	PLACE OF OE	ATH (Chec	k only one)			
is certification in the Signature of its certification in the Signatur	HYS		Inpetiant 2 ER/Outpetle 28s. OATE OF INJURY		4 - Nursing F		-	Other (Specify)			
fter this cath with marked	ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Yag)	28b. TIM	URY	INJURY AT WORK? YES 2		28d. OEŞCRIBE HOW IN	JURY OCCURE	:0	
R: Afte er deal		3 Suicide 8 Could not be	26s. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, a				28f. LOCATION (Street as City or Town, State)	nd Number or R	ural Route	Number,
On ATTENDING PRESIDENT. THE LAW DIRECTOR: After this certificate has be hours after death with the State Dept. Item 28 is marked, or item 23 s	ETE	4 Homicide determined						,			
29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea state of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea state of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea state of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea state of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea state of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea state of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea state of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea state of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea state of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea state of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea state of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner early and my control of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner early and my control of my contr								ner ea stated.			
半非	1 1	29b. SIGNATURE AND TITLE OF CERTIFIER	At the besid of exemplation en	id/or investigation	n, in my opinior	29c. LICEN					
MPO	O BE	-5 \ hv4	N 6 L	Maua	ván				P 6	2 T	101 4
	TO	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF DEATH	(ITEM 27) (Type,	Print)	_ /,)	4, MP			
		31. OATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATU	PE	1	zilpi	our	4 MP	2/8.	26	
	- 1	111A19 100A data	did wite a March	I.							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

.1. 1.53

Denny Amerika i mananak Manan Kanan i H. M. Mantangena Mganathanik Mana Amerik Igan di manan mangadapan

The production of the grant

 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR	STATE OF W	IARYLAND / DEPA CERTI	RTMENT OF		MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Las	T. HINE		B		(2-	7 9	3. TIME OF DEATH
	193 01 1761	5. SEX 1	8. AGE (In yrs. last birthday 82 YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	12 P	BIRTHPLACE (State or Foreign Country) ennsylvania
OR	99. FACILITY NAME (If not institution, given 610 Wards Roa			9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY Cal	vor DEATH
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Cal	vert	10c. C	TY, TOWN OR LOC				10d. INSIDE CITY LIMITS? 1 YES 2X NO
RAL	100. STREET AND NUMBER 610 Wards Roa	a			20629			N OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. ARMED YES 2 XNO AR OR DATES	If yes,				ted States RACE — American Indian, Black, White, atc. Specify: White
ETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		(Give kind o		TION THOSE of working ES MANAG	16b. KIND OF BU		COUIPMENT
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Charles Henry	Hinchli		or brib.	18. MOTHER'S NAI	ME (First, Middle, Maider, Alice Wa	Surname)	QOTFMENT
TOE	19e. INFORMANT'S NAME (Type/Print) Kathryn B. Hi 20e. METNOD OF DISPOSITION	nchliffe	610	Wards	Rd. Dow	ell, MD	20629	
	t Durial 2 Cremetion 3 R: 4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE		20b. PLACE AND DAT cemelery, cremalory or Metropo	litan I	Funeral 6 AND ADDRESS OF FAC	ServiceA	lexan	y or Town, Steta
	DROL	Son		4405	Broomes			ral Home Republic
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSEQUENCE	0F): (L FWF	ARÉ(I	ou
N: MEDICAL	PART II. Other significant conditi	ons contributing to	deeth but not resulting	In the underly	ing ceuse given in	Part I. 24a. WAS APPERFO	RMEO?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL ER?	HOSPITAL:	SERVICE S ASS	OTHER:	PLACE OF DEATH (Che			
BY PHYSICIAN:	William St. Penging							
TED	3 Suicide S Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Flural Route Number, City or Town, State)							
COMPLE			my knowledge, death occu					suse(s) and manner as eleted.
TO BE	296 STONATURE AND TITLE OF CERTIF	Amy			D/YZ	P.5	29d, DATE S	IGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON	rd w	D. 1	e, Print)	alton	na	D	
	JUN 2 9 19		R'S SIGNATURE					

Market Marie 1

0020	
CA	
0	
0	
- 1	1
21215	
_	
N	
_	
O.	
=	
4	
⋖	
- 7	1
	•
IARYLAN	- 1
d	
-	
>	
_	
111	
ш	
\simeq	
>	
=	
\vdash	
	3
	ı
BALTIMORE	4 - 4
m	1
***************************************	4
	- 1
	-
_	- 1

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	on, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CE	:RHF	CATE O	DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH									3. TIME OF DEATH		
	JAMES ROLLA HOWES TUNE 23 1994									3-50 P		
	4. SOCIAL SECURITY NUMBER		S. AGE (In yrs. last	foliath alm ()	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF		994			
		1 M 2			ONTHS DAYS	HOURS MIN.	(Month, De	ly, Year)	Coun	HPLACE (State or Foreign try)		
	216 18 5897		70	100				1924	MD			
l m	9s. FACILITY NAME (if not institution, give	street and number)		1	9b. CITY, TOWN	DR LOCATION OF D	EATH	96	COUNTY OF	DEATH		
Ö	CALVERT MEMOR	CALVERT MEMORIAL HOSPITAL					PRINCE FREDERICK CALVERT					
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			Til annu								
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?		
	MD C		Dunkirk						1 TYES 2 ND			
A	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN DF									WHAT COUNTRY?		
H H	4325 Ferry Landing Rd. 20754 USA											
FUNERAL	ti. MARITAL STATUS	EVER IN U.S. ARI		13. WAS D	CENDENT OF HISPA	IDENT OF HISPANIC DRIGIN? (Specify Yes		or No- 14. RACE - American Indian,				
200	1 Never Married 2 K Married	YES 2 XN R DR DATES							ck, White, etc.			
BY	3 Widowed 4 Divorced	The state of the s	N ON DAILS		'"	S Z (A) NU Speci	ny:		Spe	white		
0	15. DECEDENT'S ED		16a. DE	CEDENT'S U	SUAL OCCUPA	ION	16b. KIR	ID OF BUSINE	SS/INDUSTRY			
	(Specify only highest grad		(Gr		rk done during i							
1 7	Elementary/Secondary (0-12)	College (1-4 or 5+)		Farmer				Agriculture				
COMPL	17. FATHER'S NAME (First, Middle, Lest)											
5 5				16. MOTHER'S N		le, Maiden Sum						
BE	Charles Thomas	s Howe				Caroli		Ford				
2	t9a. INFORMANT'S NAME (Type/Print)		NG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	Vivian C. Howes			same	as 10	above						
	20a. METHOD OF DISPOSITION 11 Burlai 2 Cremation 3 Ref	nount from State			DISPOSITION	Vame of	DATE	20c. LOCATI	ON — City or 1	lown, Stata		
Ē	4 Donation 6 Other (Specify)	HOVER FROM STATE	Smith	natory or oth	otherplace) 1e UM Church Cem. 6-26-94 Dunkirk (Cal) MD							
	21. SIGNATURE DF FUNERAL SERVICE L	ICENSEE	1 - 211 - 011	1222		AND ADDRESS OF F		Da Da	TIXTELL	Call IID		
TO BE COM	Rausch Funeral Home, PA Owings,								s, MD 20736			
	23. PART I. Enter the diseases, or complications that coused the daeth. Do not enter the mode of dying, such as cardiac or respiretory erreat, Approximate											
	shock, or heart failure. List only one cause on each line. Approximate shock, or heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition) (110 Cen ci c											
2	resulting in death)											
200	DUE TO (OR AS A CONSEDUENCE OF):											
Z												
	Sequentially list conditions, if any, leading to immediate											
8 8	CAUSE (Disease or Injury											
	that Initiated eventa DUE TO (DR AS A CONSEDUENCE DF):											
CERTIFICATION	resulting in dasth) LAST											
	PART II Orbes stands								article I			
EDICAL	PART II. Other algnificant condition						Part I. 24	PERFORME		b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
5	17 mgph	Careloro i			acu's	ays,	11	YES 2		COMPLETION OF CAUSE OF DEATH?		
Snows	Asteroclect: new Joene											
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	COLTINIDUIL	10 CAU	,L 01		PLACE OF DEATH (C						
	EXAMINER?	HOSPITAL:	EB/Outmoti - 4		OTHER:		11 11 11 12 12 14	7.5.				
5 ×	27. MANNER OF DEATH	1 Appettent 2 1				me 5 Rasidence	T					
D d	t Natural 5 Pending	(Month, Day		28b. TIME INJU	RY V	JURY AT	28d. DESCRI	BE HOW INJU	NY OCCURED			
B a	2 Accident Investigation					YES 2 NO						
2 0	3 Suicide 6 Could not be	26s. PLACE OF building, at	INJURY — At hor ic. (Specify)	ne, ferm, str	set, factory, of	Ica 281. LOCATIDN (Street and Number or Rural Route Number, City or Town, State)						
TE	4 Homicide detarmined							. ,				
COMPLET	29s. CERTIFIER 1 GERTIFYING PHYS											
E E	000)											
E 8	AND CIONATURE AND TITLE OF OFFICER											
O BE COMPLE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your)									D (Month, Day, Year)		
2	1	CFCO)				111-15	437-	'	052	7		
4	30. NAME AND ADDRESS OF PERSON W	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	DK. M.	VIATHUK										
1	JUN 24 199	4 July St	S SIGNATURE	7			-					
		17 1 (4.3" 14	1 1	A								

-
00
9
ū
\times
0
BOX
ш
_*
0
0_
S
0
~
5
0
S
ш
Œ
=
4
\vdash
>
F
=
0
_
-
0
=
S
-
-
=
_

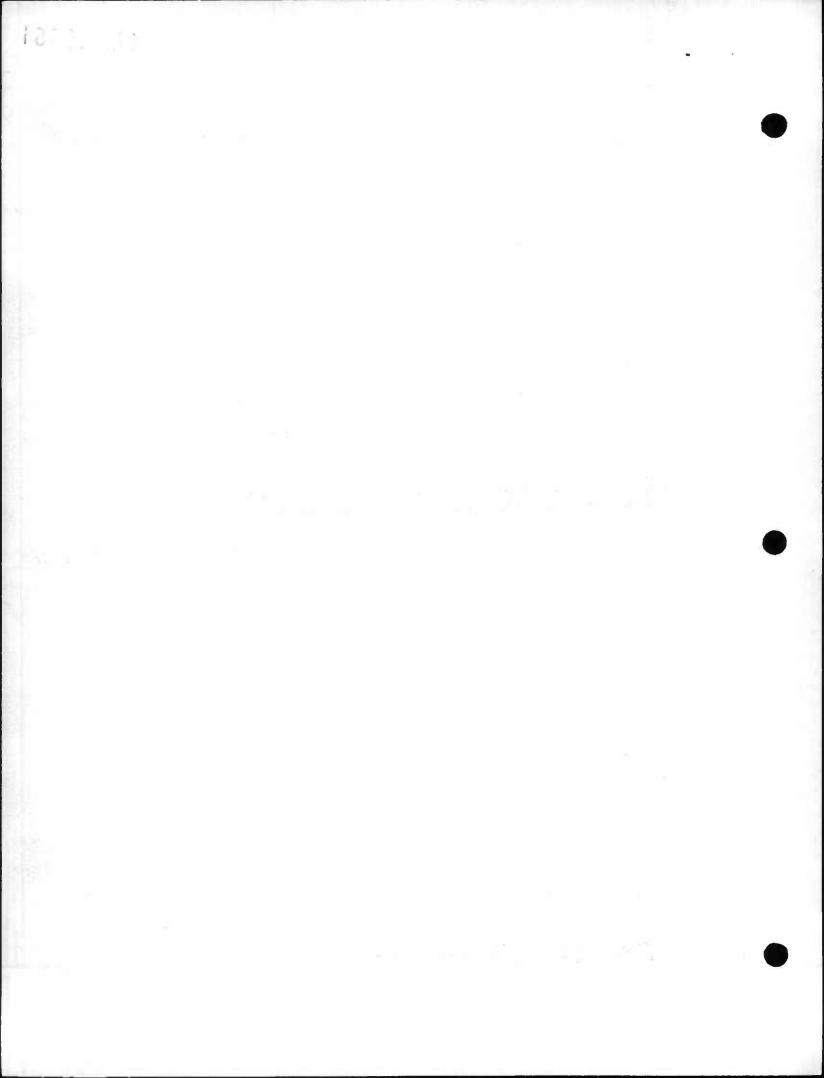
	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 2. DATE OF DEATH									3. TIME OF DEATH		
	Gertrude	Bittner Ho	pkins					MONTH 29	794	YEAR 7:40 F		
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER	24 HRS. 7.	DATE OF BIRTH	//	8. BIRTHPLACE (State or Fore		
	214-01-7978	1 □ M 2 💢 F	81	YRS.	ONTHS DAYS	HOURS	MIN. Se	(Month, Day, Year)	L912	Maryland		
~	9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN		N OF DEATH			TY OF DEATH		
CTOR	Calvert Manor N	ursing Hom	ie		Risi	ng Si	ın			Cecil		
EC.	10a. STATE 10b. COUN	TY		10c. CITY,	TOWN OR LOCAL	TION				10d. INSIDE CITY		
DIRE	Maryland	Cecil		Po	rt De	eposit			LIMITS?			
ME	10e. STREET AND NUMBER				101	ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	1 Center Street					21904 U.S.A.						
Ξ	11. MARITAL STATUS 1 Never Married 2 Married	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EYER IN U.S. A FORCES? 1 YES XX			13. WAS DEC	ENGENT OF	F HISPANIC ORIGIN? (Specify Yas or No— 14. RACE — American Ind Black, White, atc.)			14. RACE — American Indian Black, White, atc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WA		1 TYES 2 NO Specify					Specify: White			
0	15, OECEDENT'S ED		16a. DE	CEDENT'S U	SUAL OCCUPATION	ON		16b. KIND OF BU	SINESS/INDL			
Ħ	Elementary/Secondary (0-12)	(Specify only highest grade completed)			rk done during mo retired.)	st of working	,					
COMPLET	Eight Years			Но	memaker							
S	17. FATHER'S NAME (First, Middle, Last)					18. MOTHI		First, Middle, Maiden	,			
BE	Francis T. B	itner						ary Agnes				
9	19a INFORMANT'S NAME (Type/Print) Edgar P. Hopkins	Tve						Number, City or Tow				
	20a METHOD OF DISPOSITION			812 Leeswood Road, Bel Air, Maryland 21014								
	1 Burisi 2 Cremetion 3 Re	movat from State	20b. PLACE AND DATE of DISPOSITION (Name of cemetery, Gremetory or other place) Darlington Cemetery 20c. LOCATION — City or Town, Steta 7/2/94 Darlington, Maryland									
	21. SIGNATURE OF FUNERAL SERVICE	CENSEE	Darin	LIZCOLI	22. NAME AF		S OF FACILIT	17 14 Dai	TILIEL	on, Maryran		
	Mound	P.H	\	1	Lee A	. Pat	tters	on & Son	Funer	al Home		
21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Son Funera Perryville Maryland 21903 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdisc or respiratory streat, ehock, or heart fellure. List only one cause on each line.										est, Approximat		
	ehock, or heart fellure iMMEDIATE CAUSE (Fine)	. List only Dne ceus	e on each line.	•						interval Bet		
- 8	disease or condition 11 to the time of time of the time of time of the time of tim											
- 1	DUE TO (OR AS A CONSEQUENCE OF):											
- 1	resulting in death)	DUE TO (C	OR AS A CONSEC	Colorne OF):	inal C	arci	n dun	Fosis - L	aknor			
NO		b			inal C	arci	ndma	tosis - L	aknor			
ATION	Sequentielly list conditions, if any, leading to immediate	b	OR AS A CONSECUTOR AS A CONSECUTOR		inal Co	ar ci	n due	Posis - L	aknor			
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. OUE TO (C	DR AS A CONSEC	PUENCE OF):	inal Co	ar ci	n dun	Josis - W	aknor			
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO (C		PUENCE OF):	inal C	ar ci	n una	losis-la	n knor			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bOUE TO (C d	OR AS A CONSEC	DUENCE OF):						Pr. no. Onset and		
L CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (C d. One contributing to d	OR AS A CONSEC	DUENCE OF):					AUTOPSY	Onset and Onset and 24b. WERE AUTOPSY FIN AMALABLE PRIOR TO		
L CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bOUE TO (C d	OR AS A CONSEC	DUENCE OF):				1. 24e. WAS AN	AUTOPSY RMEO?	24b. WERE AUTOPSY FIN AMALABLE PRIOR TI COMPLETION OF CA OF GEATH?		
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (C d. One contributing to d	OR AS A CONSEC	DUENCE OF):				II. 24e. WAS AN PERFOR	AUTOPSY RMEO?	24b. WERE AUTOPSY FIN AMALABLE PRIOR TI COMPLETION OF CA OF GEATH?		
MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	b. OUE TO (C d. One contributing to d	OR AS A CONSEC	DUENCE OF):	the underlying) couse gl		24a. WAS AN PERFOR	AUTOPSY RMEO?	24b. WERE AUTOPSY FIN AMALABLE PRIOR TI COMPLETION OF CA OF GEATH?		
SICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	b. OUE TO (C d. One contributing to d	OR AS A CONSECUTION OF AS	DUENCE OF):	the underlying 26. PL THER:	g ceuse gl	ven in Par	24e. WAS AN PERFOR 1 YES 2	AUTOPSY RMEO?	Onset and Onset and AMALABLE PRIOR TO COMPLETION OF CA.		
HISICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	b. OUE TO (C c. DUE TO (C d	OR AS A CONSECUTION OF AS	DOA C 28b. TIME (2	the underlying 26. PL THER: X) Nursing Hom OF 28c. INJ	J couse gl	ven in Par	24e. WAS AN PERFOR 1 YES 2	AUTOPSY MMEO? NO	24b. WERE AUTOPSY FINANALABLE PRIOR TO COMPLETION OF CA OF GEATH? 1 YES 2 NO		
PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the cause of the	b. OUE TO (C c. DUE TO (C d	OR AS A CONSECUTION OF AS	DUENCE OF): BUSINESS	26. PL THER: A Nursing Hom OY V V V V V V V V V V V V V V V V V V) ceuse gl	Ven in Par	24e. WAS AN PERFOR 1 YES 2	AUTOPSY MMEO? NO	24b. WERE AUTOPSY FINANALABLE PRIOR TO COMPLETION OF CA OF GEATH? 1 YES 2 NO		
D BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	b. OUE TO (C) c. DUE TO (C) d. Ons contributing to d R (A) HOSPITAL: 1 Inpetion: 2 E 286. DATE OF IN (Month, Day,	OR AS A CONSECTION OF AS A CONSE	DUENCE OF): DUENCE OF): DOA C 4 26b. TIME C INJUR	26. PL THER: Nursing Hom OF 28c. INJ Y M 1 \(\) \(\) \(\) \(\)	ACE OF DE	ATH (Check of Idence 8 284	24a. WAS AN PERFOR 1 YES 2 only one) Other (Specify) 4. DESCRIBE HOW I	AUTOPSY NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINANALABLE PRIOR TO COMPLETION OF CA OF GEATH? 1 YES 2 NO		
ETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (C d. DUE TO (C d. DUE TO (C d. DIE T	OR AS A CONSECTION OF AS A CONSE	DUENCE OF): DUENCE OF): DOA C 4 26b. TIME C INJUR	26. PL THER: Nursing Hom OF 28c. INJ Y M 1 \(\) \(\) \(\) \(\)	ACE OF DE	ATH (Check of Idence 8 284	24e. WAS AN PERFOR 1 YES 2 Other (Specify) 1. DESCRIBE HOW I	AUTOPSY NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FIN AMALABLE PRIOR TI COMPLETION OF CA OF GEATH? 1 YES 2 NO		
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (C d. DUE TO (C d. DUE TO (C d. DIS contributing to d B C C C DUE TO (C d. DATE OF IN (Month, Day, DATE OF IN (Month, D	DR AS A CONSECTION OF AS A CONSE	DUENCE OF): DUENCE OF): Besulting In DOA 4 28b. TIME (INJUR Man, farm, stra	26. PL TCHER: Nursing Hom OF Y M 1	ACE OF DE. ACE OF DE. BY AT RES 2 and place, 4	ATH (Check of Idence 8 286 NO 281 and due to till	24e. WAS AN PERFOR 1 YES 2 Other (Specify) 4. DESCRIBE HOW I City or Town, State)	AUTOPSY NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINANAL ABLE PRIOR TO COMPLETION OF CA OF GEATH? 1 YES 2 NO		
ETED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (C d. DUE TO (C d. DUE TO (C d. DIS contributing to d B C C C DUE TO (C d. DATE OF IN (Month, Day, DATE OF IN (Month, D	DR AS A CONSECTION OF AS A CONSE	DUENCE OF): DUENCE OF): Besulting In DOA 4 28b. TIME (INJUR Man, farm, stra	26. PL TCHER: Nursing Hom OF Y M 1	ACE OF DE. ACE OF DE. BY AT RES 2 and place, 4	ATH (Check of Idence 8 286 NO 281 and due to till	24e. WAS AN PERFOR 1 YES 2 Other (Specify) 4. DESCRIBE HOW I City or Town, State)	AUTOPSY NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FIN AMBLABLE PRIOR TO COMPLETION OF CA OF GEATH? 1 YES 2 NO		
MPLETED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (C d. DUE T	DR AS A CONSECTION OF AS A CONSE	DUENCE OF): DUENCE OF): Besulting In DOA 4 28b. TIME (INJUR Man, farm, stra	26. PL TCHER: Nursing Hom OF Y M 1	ACE OF DE. 5 Real NRY AT RK7 ES 2 and place, 4	ATH (Check of Idence 8 286 NO 281 and due to till	24a. WAS AN PERFOR 1 YES 2 Other (Specify) 5. DESCRIBE HOW I City or Town, State) 10 CRUSE(a) and mer deta and place, and	AUTOPSY IMPO? NO NJURY OCCU and Number of	24b. WERE AUTOPSY FINANALABLE PRIOR TOMPLETION OF CAOF OEATH? 1 YES 2 Ni		

Northern Chesapeake Hospice
32. REGISTRAR'S SIGNATURE
Jania Swidson April 288.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Henry Farkas MD
31. DATE FILED (1/07/11). Day, 100/1)
1 94

111 Howard Elkton, MD



,
1
,
1
-
-
3
The second second second second second
1

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, L					2. DATE OF DEATH	,	3. TIME OF DEATH		
	Shirley A. H					MONTH D	9 9 4	11:57 A M		
1	4. SOCIAL SECURITY NUMBER 219-36-1600 9a. FACILITY NAME (If not institution, g	1 🗆 M 2 🖳 🛒	(In yrs. lest birthde	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-17-39	Ma	RTHPLACE (State or Foreign unity)		
TOR	122 Stockton	Street	96. CITY, TOWN OR LOCATION OF I			EATH	9c. COUNTY OF	F DEATH		
DIRECTOR	10a. STATE 10b. COL		10c. (CITY, TOWN OR LOCA	TION			10d. INSIDE CITY		
	Md . 100. STREET AND NUMBER	Ceci1		Chesape		, у	TA- OTTOTAL	1 YES 2 NO		
FUNERAL	240 Randalia				21915		U.	S.A.		
В	1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	CENDENT OF HISPAN Decity Cuban, Mexica B 2 N NO Specify	81	ACE — American Indian, lack, White, etc. pacify: White			
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	(Give kind	T'S USUAL OCCUPATION of work done during mo	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTRY	1		
APL	12	College (1-4 or 3+)	Hom	emaker		At	home			
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden				
出	Calvin Lioni 190. INFORMANT'S NAME (Type/Print)	e Almony				garet Ha				
입	Joseph Hotra		288	Randal	ia Rd	Route Number, City or Town	m, State, Zip Code)	21915		
	20e. METHOD OF DISPOSITION 1 \[\inc \text{Burlel 2 } \subseteq \text{Cremetion 3 } \subsete \text{F} \] 4 \[\subseteq \text{Donation } \frac{1}{3} \subseteq \text{Other (Specify)} \]	lamoval from State 20b	PLACEANDDAT	TE OF DISPOSITION (No	age of	d., Chesapeake City, Md. DATE 20c. LOCATION — City or Town, State emetters Chos. City Md.				
206. NELACE AND DATE of DISPOSITION (Name of Lima Cemetics 2 oc. LOCATION — City or Town, State 2 oc. LoCATION — City or Town, State 2 oc. LoCATION — City or Town, State 2 oc. LoCATION — City or Town, State 2 oc. LoCATION — City or Town, State 2 oc. LoCATION — City or Town, State 2 oc. LoCATION — City or Town, State 2 oc. LoCATION — City or Town, State 2 oc. LoCATION — City or Town, State 2 oc. LoCATION — City or Town, State 2 oc. LoCATION — City or Town, State 2 oc. LoCATION — City or T										
CERTIFICATION	shock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other algnificant condi	iona contributing to deeth b	rut not resultin	g in the underlying	g ceuse given in	PERFOR	PERFORMED? Y YES 2 NO 24b. WERE AUTOPSY FINANJABLE PRIOR 1 COMPLETION OF CL OF DEATH? 1 YES 2 N			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY 2 St. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW IN HIRT OF IDEA.										
?	1 YES 2 NO	1 Inpatient 2 ER/Outp		4 Nursing Hom		6 Other (Specify)	44.			
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		NJURY WO	PRK?	28d. DESCRIBE HOW II	NJURY OCCURED			
200	3 Suicide 6 Could not datermined	be 26e. PLACE OF INJURY building, etc. (Spec	— At home, ferm	n, street, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end dua to the cause(s) end menner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end dua to the cause(s) end menner as stated.									
TO BE	296. SIGNATURE AND TITLE OF CENTRE	, MP			29c. LICENSE NUM D 15,3		29d. DATE SIGN	ED (Month, Day, Year)		
	Henry Farkas,			_{pe, Print)} esapeak <i>e</i>	Hospic	ce Eli	l Howar	Street		
	31. DATE FILED (Month, Day, Year) 1 '94	32. REGISTRAR'S SIGN	ATURE Products		1		_			

2.

OHMH-18 Rev 1/89

BALLIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed with wours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the fune at director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should into the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	the medical azaminer must be notified at once.
DIVISION OF VILAL RECORDS, P.O. BOX 68160	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FALL DIRECTOR: After this certificate has been signed by the attending physician and complete. The new 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crems.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical anaminer must be notified at once.

		1 - STATE REGISTRAR		STATE OF I				OF DEA		MENTAL HYGIEN REG. NO.	E		
	1	1. DECEDENT'S NAME (First	, Middle, Last)				1	1 1 .		2. DATE OF DEATH			3. TIME OF DEATH
1 2			G]	EORGE H. HALL, JR.		HALL		JUNE 18 1994		1752 M			
		4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 Y		R 24 HRS.	7. DATE OF BIRTH		8. BIRTHI	PLACE (State or Foreign
	- 37	221-16-861	9	1 Å M 2 ☐ F	67	YRS.	MONTHS 0	AYS HOURS	MIN.	2/14/1927		Fran	kford, DE
1		9e. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY, TO	WN OR LOCAT	ION OF DE	EATH	9c. COL	INTY OF DE	ATH
	5	PENINSULA		NAL MEDI	CAL CEN	ITER	SAI	LISBURY	7		W	ICOM	CO
DIRECTOR	ᇤᅵ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10			10c. CIT	Y, TOWN OR I	OCATION					10d. INSIDE CITY	
	뜽	Delaware	Susse	ex			nkfor						LIMITS?
		10e. STREET AND NUMBER						101. ZIP COD	E		10a, CIT	IZEN OF W	HAT COUNTRY?
		Rt # 3, Box	76					199	45			SA	
	FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN				DECENDENT	OF HISPAN	NIC ORIGIN? (Specify Yes		14. RACE	- American Indian,
	BY F	1 Never Married 2 X 3 Widowed 4 Divo		FORCES? 1	X YES 2 MAR OR DATES	_NO		es, specify Cub YES 2 X NO		n, Puerto Rican, etc.)		Specifi Specifi	, White, etc. Black
		15. DEC	EDENT'S EDU	CATION	16a,		USUAL OCCI			16b. KIND OF BUS	INESS/IN	DUSTRY	
		Elementary/Secondary (0		College (1-4 or 5	+}	life. Do NOT u	se retired.)	ng most of work	ng	Formi	200		
ıš i	M M	7th				Farm	er			Farmi	.ng		
240	COMPLET	17. FATHER'S NAME (First, M	liddle, Last)					16. MO1	HER'S NA	ME (First, Middle, Malden	Sumeme)		
	H	George H. H			- 0					M. Short			
	2	190, INFORMANT'S NAME (1		_						Route Number, City or Town			
		Mrs. Gertru							Fran	kford, Del			
T I I		METHOD OF DISPOSITION Burtel 2 Cremetto		oval from State	Wesle	crematory of	of disposition of the place of the control of the c	ch Cen	neter	y 6/23/94	Clar	ksvi	lle, DE
	- 1	21. SIGNATURE OF PONERA	L SERVICE LE	ENSEE /	1		22. NA	METS	SS OF FA	NERAL SERV	TCES	וד.ד	١.
	- 1	► CAAN	asko	Melson				FRANK	FORD	, DELAWARE	1994	5	•
	T	23. PART I. Enter the di	iseases, or o	omplications the	t caused the	death. Do	not anter th	a moda of dy	ring, syc	h aa cardiac or reapi	ratory ar	reat,	Approximata
		shock, or hi	W-	List only one cau	se on each il	ne.		1	1	~			Interval Between Onset and Death
		disease or condition	→	. ()	o the	Lake		and	N	~~			
		rousing in quality		DUE TO	(OR AS A CONS	SEQUENCE O	F):	CV V	1				
	Z	Sequantially list conditi	inns T	b					Α.				
	CERTIFICATION	If any, leading to imme- cause. Enter UNDERLY!	diata	DUE TO	(OR AS A CONS	SEOUENCE O	F):						
	걸	CAUSE (Disease or inju		DUE TO	(OR AS A CONS	SEQUENCE O	FI-						
		that initiated events resulting in death) LAS	т		,		. ,.						İ
			-	d									
	CAL	PART II. Other algnifica	ent condition	a contributing to	death-but no	t resulting	in the unde	rlying cause	given in	Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
dis	음	CAV	1	greum	my		CAS.	. (4	1 🗆 YES 2	KNO		COMPLETION OF CAUSE OF DEATH?
A I	MED	1120	12	Herun	well	m	<u></u>	10	M	_ ′			1 TES 2 NO
2	ÿ	DID TOBACCO		CONTRIBUTE	TO CA	USE OF	DEATH	YES	NC				
	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	26. PLACE OF I	DEATH (Ch	eck only one)			
5	1×S	1 YES 2 NO		1	ER/Outpetlent		4 - Nursing		asidence	8 Other (Specify)			
K I	- 1	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D		28b. TIN	JURY	c. INJURY AT WORK?	7	28d. DEŞCRIBE HOW II	NJURY OC	CURED	
	`	2 Accident	Investigation	28a DI ACE C	F INJURY At	hama fami			□ NO	201 1 201 7 201 7 201			
9	ETED		Could not be datarmined	building,	etc. (Specify)	nome, term,	street, ractory	, office		281. LOCATION (Street a City or Town, State)	nd Numbe	er or Humil H	oute Number,
		29a, CERTIFIER	печна енфр	CIAN: To the best of	my knowledge,	death occum	ed at the time	, date and place	. end due	to the cause(s) end man	ner as etc	ited.	
1	COMPL									time, date and place, an			end menner as stated.
- 1	ŭ	296. BIGHATURE AND STLE	ок фенцине					29c. LIC	ENSE NUI	MBER.	29d. DA	TE SIGNED	(Month, Day Was)
2 1	0 8	KO 1	W	-				1	33	796	> (0/16	124
1		DAVID Walke	-		SE OF DEATH (I	0 -		Salish	uru .	Md 2186	01		
à		31. DATE FILED (Magnity Pox		32. REGISTRA	R'S SIGNATURE				1				
L				7-0-0	MARK . W	work							

00.

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATN

FOR STATE REGISTRAR

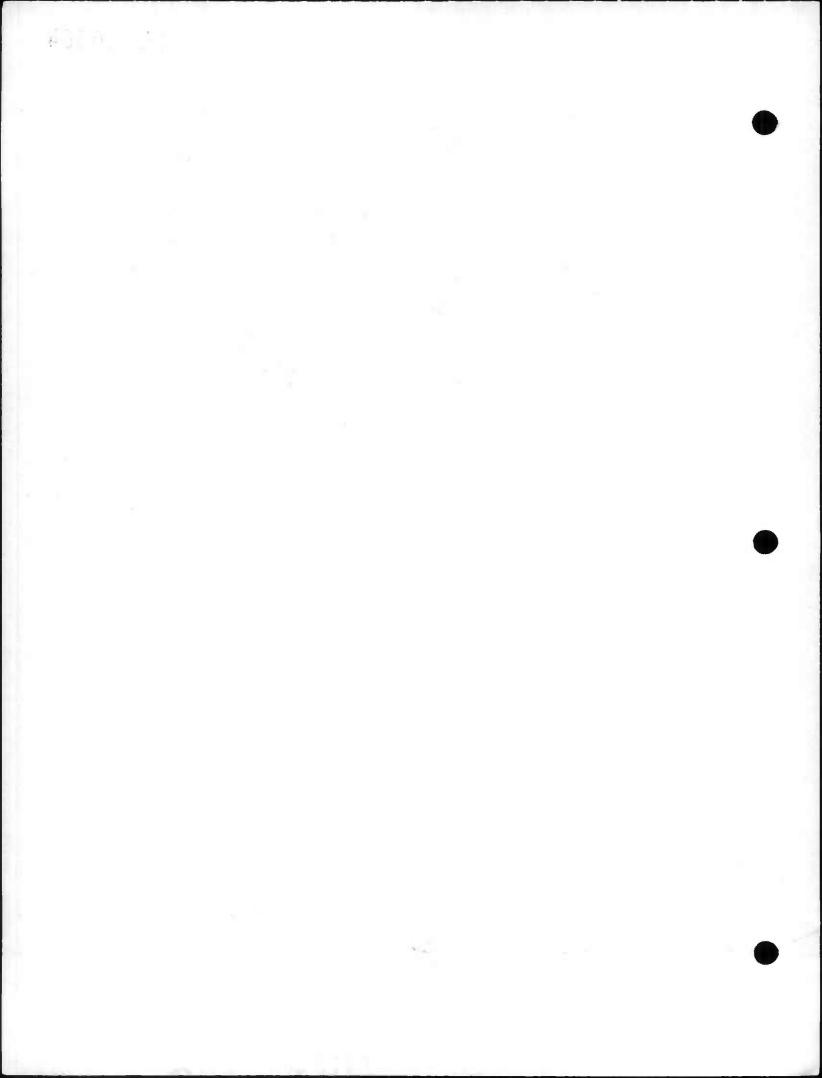
1. DECEDENT'S NAME (First, Middle, Last)

00	-
ž	
BOX 687	
×	
0	-
\simeq	
ш	
	5
P.0	1
о_	4
-	
S	1
0	į
~	3
<u> </u>	į
0	
0	
ĭii	
-	
1	
OF VITAL RECORDS	
d	-
	ı
=	ľ
>	1
	è
ш	i
0	3
_	i
Z	-
0	-
\simeq	-
S	į
_	ı
>	
DIVISION	
_	

P HAMIST LUTHER 94 2220 HANSFORD 6 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 10-6-1909 5. SEX 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 718-10-8539 1 M 2 F 84 VIRGINIA Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PENINSULA REGIONAL MEDICAL CENTER DIRECTOR SALISBURY WICOMICO RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD WICOMICO SALISBURY 1 YES TO NO use as the burial-transit permit. 10e. STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 30423 W. RUSTIC DRIVE 21801 U.S.A. retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuben, Mexicen, Puerto Ricen, atc.) 11. MARITAL STATUS 14. RACE - American Indien, Black, White, etc. 1 Never Merried 2 Merried 1 YES 2 NO Specify: BY Specify: WHITE 3 Wildowed 4 Divorced WORLD WAR COMPLETED 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) jo Elementary/Secondary (0-12) College (1-4 or 5 +) 10 OWNER LUMBER COMPANY be detached 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surneme) TO LUTHER WOODWARD HAMLET ELLA GERTRUDE LUCY BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 30423 W. RUSTIC DR. SALISBURY, MD. 21801 LOUISE HAMLET page ours after death. Page 6 may be 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must director, FRANKTOWN CEMETERY 6-28 FRANKTOWN, VA. examiner 22. NAME AND ADDRESS OF FACILITY funeral (BOUNDS FUNERAL HOME, SALISBURY, MD. in by the medical ons that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each ilne. Interval Between ö filled IMMEDIATE CAUSE (Final Onset and Death cremation. the disesse or condition_ cell wasceday accident completely traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial. CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) prior to if any, leading to immediate cause. Enter UNDERLYING physician other t CAUSE (Disease or Injury attending physental Hydiene p DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Mental the PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by t any Health 1 YES 2 NO Shows Christic Obstruction Mulmonaun disease 1 YES 2 NO been 6 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO XX PHYSICIAN: has t 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item State certificate HOSPITAL: OTHER: 1 YES 2 NO 4 ☐ Nursing Nome 5 ☐ Residence 6 ☐ Other (Specify) 0 the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED with 1 marked, this 1 🗓 Natural 5 Pending investigation 1 YES 2 NO death BY DIRECTOR: After 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 90 6 Could not be ED after 4 Homtcide 28 COMPLET hours item 29e. CERTIFIER
(Check only

1 ① CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. TO THE SWEPAL OF THE STATE IT IS (Check only one) PITAL 2 ___ MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D 15384 MD. le-24-94 00000 Il bruch 2 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Prd. 21801 KODNEY WENRICH 100 POWER SI SALISBURY 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUN 2 20 DHMH-16 Rav 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



2	214
7	0
	hospital
A	the
\equiv	Z
BALTIMORE, MARYLAND 2121	yours after death. Page & may be retained by the hospital or att
7	å
2	VEE:
0	40
₹	Pane
ALT	reath
œ	after
	SHIP
-	Tip.
000	3
3OX 68760,	te be executed within
×	9
0	d e

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE ASPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and remain or signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIF	FICATE O	F DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF OEATH
	Torio Mas						1994	00111
		rera				JUNE 2		0817 M
	THE PROPERTY OF PERSONS		GE (In yrs. lest birthday)	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign
	598-05-9313	M 2 🗆 F	2.4 YRS.	MONTHS DAY	HOURS MIN.			rto Rico
	9a. FACILITY NAME (If not Institution, give street	and number)	2-1	9b. CITY TOW	OR LOCATION OF D	FATH	9c COUNTY OF	erto Rico
œ				100.011.101	on Econion or o	CAIN	SC. COOKITOP	JEATH
DIRECTOR	PENINSULA REGIONAL	MEDICAL	CENTER	SALI	SBURY		WICOM	ICO
ย	RESIDENCE OF DECEDENT							
2	10a. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR LO	ATION			10d. INSIDE CITY LIMITS?
줍	Maryland Wicomi	CO	1	Salis:	nurv			1 YES 2 NO
إ	10e. STREET AND NUMBER				IOI. ZIP CODE		100 CITIZEN OF	WHAT COUNTRY?
R.				15	ioi. Eir GODE		log. CITIZEN OF	WHAT COUNTRY?
W	612 Smith Street				21801		U.S.A	1
FUNERAL		. WAS DECEDENT EVI	ER IN U.S. ARMED	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	a or No- 14. RAC	E — American Indian,
	1 Never Married 2 Married	FORCES? 1 Y	ES 2 NO	If yes,	specify Cuban, Maxica ES 2 NO Special	an, Puarto Rican, etc.)		rk, White, atc.
B	3 Widowed 4 Divorced	IF TES, GIVE WAN O	H DATES	125			Spec	
۵	15. DECEDENT'S EDUCATI	ON	140. DECEMBRITION			rto Rica		spanic
_	(Specify only highest grade corr	pleted)	(Give kind of	S USUAL OCCUPA work done during	TION most of working	166. KIND OF BU	SINESS/INDUSTRY	
Ш	Elementary/Secondary (0-12)	college (1-4 or 5+)	ille. Do NOT t	use retired.)				
<u>_</u>	9		Labo	rer		Nor	10	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 2020	46	16 MOTHER'S NA	ME (First, Middle, Meider		
	7				_		Gurnerney	
B	<u>Juan Herrera</u>				Dora	Carmona		
2	19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADDRESS (Street	and Number or Rural	Route Number, City or Tox	vn, State, Zip Code)	
F	Emir Herrera		2568	1 Dolm	r Dd Ma	rdela Sr	ringe N	(d 21937
	20a, METHOD OF DISPOSITION	*	20b. PLACE AND DATE			DATE 20c. LC	OCATION OF THE	10.21037
	1 Burial 2 Cremation 3 Ramoval	from State	cemetery, cremetory or	other plece)		DATE 200. LO	CATION — City or I	^{own} .Püerto
- 1	4 Donation 5 Other (Specify)		Municipa			De	Fajardo	Rico
	21. SIGNATURE OF FUNERAL SERVICE LICENS	BÉE			AND ADDRESS OF FA	CILITY		
	+ Bladys B.	48	+	Ste	wart Fur	neral Hom	ne	
				821	West Ro	L.Salisbu	rv.Md.	21801
	23. PART i. Enter the diseases, or com	plications that cau	sed the deeth. Do	not enter the r	node of dying, aud	h as cerdisc or resp	iratory erreat,	Approximate
	shock, or heart feliure. List	Only Dne cause D	n eech line.					Interval Between
- 1	IMMEDIATE CAUSE (Finel disease or condition	0		1	-00-			Onset and Death
	resulting in deeth) s	Kest	MATOR	Zy H	K10007			
		DUE TO (OR	AS A CONSEQUENCE	OFI:	-/	V STOMACI		
z I		Do	ababale	ASF	PRATION	J STOMACI	1 CONTENT	2
CATION	Sequentially list conditions, if any, leading to immediate	DUE TO JOR	AS A CONSEQUENCE O	OF):				
4	cause. Enter UNDERLYING	Vacita	TWO S	450				
	CAUSE (Disease or injury	THE TO LOD	S A CONSEQUENCE	7/11/				
=	that initiated events reaulting in death) LAST	// was to ton?	S A CONSECUENCE ()F):	0-80	(00	1	
CERTIFI	Teaching in death) CAST	Myon	o cephali	s + Su	year () With	mot CICITO	Mospilar	young
5	BADY II Oshon algoridicana and district	- 1 11 - 11 - 1 - 1	U					4
4	PART II. Other eignificent conditione co	ontributing to deet	h but not recuiting	in the underly	ng ceuse given in		AUTOPSY 241 RMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICA	PAN Hypop DIABOTES	ITUITANO	4			1 _ YES	/	COMPLETION OF CAUSE
w I	D. Lete	- mall	R			I TES	2/2 110	OF DEATH?
Σ	217 75000	10000	Cas				`	1 TES 2 NO
PHYSICIAN:	DID TOBACCO USE CO	MIKIROIE IC	CAUSE OF	DEATH	YES NC) [[]		
5	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (C)	reck only one)		
<u> </u>	EXAMINER?	OSPITAL: Inputient 2 ER/	Outpetlant 3 7 DOA	OTHER:		A [] Au		
ا څ	27. MANNER OF DEATH				ome 5 - Rasidence			
<u> </u>		(Month, Day, Ye.	RY 26b. Tri		NJURY AT VORK?	28d. DESCRIBE HOW	INJURY OCCURED	
- 1	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO			
8	3 Suicide 8 Could not be	28a. PLACE OF INJ	URY - At home, farm,	street, fectory, of	lice	281. LOCATION (Street	end Number or Rural	Route Number,
3	4 Homicide determined	building, atc. (Specify)			City or Town, State)	1
۲ ۱	29a. CERTIFIER Check only 1 CERTIFYING PHYSICIAL	I. To the heat of my b	nowledge, death occur	red at the time, d	ite and place, and due	to the cause(a) and me	nner ee stated.	
		1. TO the best of my k						
≥	one) 2 MEDICAL EXAMINER: O		ation end/or investigati	ion, in my opinion	death occured at the			a) and manner ea stated.
000	2 MEDICAL EXAMINER: 0		ation end/or investigati	ion, in my opinion	_			
u I	one) 2 MEDICAL EXAMINER: 0 29b. SIGNATURE AND TITLE OF CERTIFIER		ation end/or investigati	ion, in my opinion	29c. LICENSE NU	MBER		a) and manner ea stated. O (Month, Day, Year)
N N	2 MEDICAL EXAMINER: 0		etion end/or investigati	ion, in my opinion	29c. LICENSE NU			
N N	2 MEDICAL EXAMINER: 0	on the basis of axamin	DEATH (ITEM 27) (For	e Print)	29c. LICENSE NU	48C3	29d. DATE SIGNED	(Month, Day, Year)
N N	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	on the basis of axamin	DEATH (ITEM 27) (For	e Print)	29c. LICENSE NU	48C3	29d. DATE SIGNED	(Month, Day, Year)
N N	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF	DEATH (ITEM 27) (Typ		29c. LICENSE NU	48C3		(Month, Day, Year)
TO BE COMPLE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF	DEATH (ITEM 27) (For	e Print)	29c. LICENSE NU	48C3	29d. DATE SIGNED 6 SAUS	(Month, Day, Year)

6066.

-	J
S	
_	
S	,
-	į
7	
7	1
Q.	ı,
_	1
>	
~	-
Lile .	
<	1
5	•
-	
BALTIMORE, MARYLAND 21218	1
ш	
0	
0	4
5	
-	
	1
Ε.	
-4.	
⋖	3
m	
	4
	7
	1
	i
Ţ	
68760,	3
3	
7	7
~	-
76	١
~	1
B 4	

DIVISION OF VITAL RECORDS, P.O. BOX

23	0
8	15
P	30
Tal	-
9	£
90	ira
2	-
5	Sec.
dea	Ĵ
40	ě
aft	2
5	5
9	20
	3
4	2
#	100
S	OE O
9	8
5	8
8	2
2	Ci.
ate	3
ife	2
9	in
5	POG
lea	att
96	4
#	2
tha	8
8	O.
Ē	0
ě	90
AND.	E
e	4
=	ate
3	igo
5	Ties.
3	0
T	4
5	har
5	A.
EN	ä
A	E
R	MAK
L	-
TA	RA
10	138
THE INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be reta	THE THE FIRST DIRECTOR. After this certificate has been sinned by the attention obtaining and completely filled in by the funeral director page 5 st
포	H
	r

NO PRIZICIANY. THE LAW TEQUINES DIG THE GRADIT CELLINGAGE OF EXPENSION WITHIN THE MODEL OF THE MOSPILAL OF ALTERNATING PRIZICIAL.	IECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ath with the State Dept, of Health and Merital Hygiene prior to burnal, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ALIE	ECTOR	s afte	1 28	
ALENDING PRISIDIAN: THE LAW REQUISES that the usual certain defined be executed white: The course are usual. Fage of high be retained by the hospital of attending	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	s after death with the State Dept. of Health and Mental Hygiene phor to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) MACILUM M.	Jones		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 7.15-86-368/ 1 M 2 1/2 F		IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)			
TOR	9a. FACILITY NAME (If not instructor, give street and number) RESIDENCE OF DECEDENT		SA 115 but	PEATH 9c. C	OUNTY OF DEATH ,			
DIRECTOR	10a. STATE 10b. COUNTY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10c. CITY,	SALIS DUN	4	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 401-A KEENE	AUE	10f. ZIP CODE 2 180	1	CITIZEN OF WHAT COUNTRY?			
B⊀	11. MARIYAL STATUS 1	YES 2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic 1 YES 2 NO Specify Cuben, Maxic		14. RACE — American Indian, Black, White, etc. Specify: B/ACK			
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use	rk done during most of working retired.)	166. KIND OF BUSINESS.	INDUSTRY			
E COMPLET	17. FATHER'S NAME (First, Middle, Last)	5	18. MOTHER'S N	AME (First, Middle, Maiden Surnam	ake H			
TO BE	190. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street and Number or Rura	Route Namber, City or Town, State,	Zip Code)			
	20a. MSTHOD OF DISPOSITION 1	20b. PLACE AND DATE OF cemetary of amator) or other	DISPOSITION (Name of place)	DATE 20c. LOCATION	- City or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	w w	30639-Hymr	DEN AUE. Prin	ICKS S AMNIE			
	23. PART I Enter the diseases, or complications that shock, or heart failure. List only one cause IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. OUG DUE To/(c)	e on each line.	1	my opa to	Interval Batween Onset and Death			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury cause).							
ERTIF	that initiated events resulting in death) LAST	R AS A CONSEQUENCE OF):		2 74 14				
MEDICAL C		1 -	the underlying couse given in	Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	SY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OF DEATH (C	heck only one)				
PHYSICIAN:	1 VES 2 NO 1 Inputtent 2 In Inputtent 2 In Inputtent 2 In Inputtent 2 In Inputtent 2 In Inputtent 2 In Inputtent 2 In Inputtent 2 In Inputtent 2 In Inputtent 2 In Input	ER/Outpatient 3 DOA 4	OTHER: Nursing Home 5 Residence Residence Residence	8 Other (Specify) 28d. DE\$CRIBE HOW INJURY	OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF building, et	INJURY — At home, farm, str c. (Specify)		281. LOCATION (Street and Nun City or Town, State)	nber or Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of m							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	vs	29c. LICENSE N	JMBER 29d. ►	DATE SIGNED (Month, Day, Year)			
F		o Por	en 14)	Salesbu	my, up > 150			
	31. DAYS-PILED (Month, Day, Your) JUL 05 1994 Jako Dauralesin	SEIGNATURE						

025674 7KKY

Power Its Solveloury, is

in the second of

_	
2121	
-	
3	
0	
7	
~	
4	
_	
MARYLAND	
α	
0	
2	
2	
BALTIMORE	
0	
5	
=	
\vdash	
_	
4	
m	
	١
	ł
-	
8760,	
2	
m	
76	

_	
	ı
	4
-	1
3	ľ
\sim	•
00	
9	
×	
0	
BOX 68760	
_	1
0	1
٧.	
Q.	
- 5	Ι.
S	
	1
α	
0	1
Ö	
ш	
~	
L RECORDS, P.O. E	
	•
4	
>	-
14	0
$\overline{\sim}$	1
	i
Z	(
0	1
=	-
S	i
5	1
DIVISION OF VITAL	0
	The second contraction of the second contraction and restriction
	1
	i
	1

	8	KATHRYN	FRANCES		JOSE	PH PH		June 1	DAY	YEAR	10:00 at
		4. SOCIAL SECURITY NUMBER 216-18-2172	5. SEX 6. AG	E (In yrs. lesi		ITHS DAY		7. DATE OF E (Month, De	y, Year)	Coun	**
3 should		9a. FACILITY NAME (If not institution, give		-	96	CITY, TOW	N OR LOCATION OF D		11,1926	COUNTY OF	ryland DEATH
1, 2,	NERAL DIRECTOR	1310G Middlenec	k Dr.			Sali	sbury			Vicomi	
it. Pages		Maryland Wi	comico		10c. CITY, TO Sal	wn or Lo					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
регл		10s. STREET AND NUMBER			\neg	101, ZIP CODE		10g	. CITIZEN OF	WHAT COUNTRY?	
an. Transit		1310G Middlenec					21801			USA	
consolution age or may be recaired by the inspiral of attending physician. The funcial director, page 5 should be detached for use as the burial-transit permit. Pages pail.	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 K N		If yes,	ECENDENT OF HISPA specify Cuban, Mexico ES 2 1 NO Specific	nn, Puerto Ricar	pecify Yes or No h, etc.)	Spec	
se as	입	15. OECEDENT'S EDU (Specify only highest grade		16a. DE6	CEDENT'S USU	AL OCCUPA	TION	16b. KIN	O OF BUSINES		Mhite
thed for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	IITO.	ivate	(red.)	most of working	He	althca	re	
be detach		17. FATHER'S NAME (First, Middle, Lest) Laurel James Tap	oman				18. MOTHER'S NA Sadie A			me)	
5 should	TO BE	19a, INFORMANT'S NAME (Type/Print)		19b	MAILING ADD	RESS (Street	et and Number or Rural		-	te, Zip Code)	
be no	F	Barbara Ann Nel	son	3	2026 S	havox	Rd., Sal	isbury	, MD21	801	
irector, p		20a. METHOD OF DISPOSITION 10. Burlal 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	novel from State	ob. PLACE A emelery, crer pringr	ND DATE OF DI natory or other I 1111 Men	sposition blecel ory Ga	rdens	6/21	20c. LOCATIO Hebr	on, MI	
e funeral di L. examiner		21. SIGNATURE OF FUNCTION, SERVICE LI	CENSEE	NO.	,	Hol	ano address of Fa	eral H			
d in by the or removal.		23. PART I. Enter the diseases, or	complications that cause	ed the	IIIh Do not	501	Snow Hil	1 Rd.,	Salis	bury,	
		ahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a.	C	modi.	~l	Jean J	re Jul	or reapirator	y arreat,	Approximate Interval Between Onset and Death
attending physician and completely file mital Hyglene prior to burial, cremation, ry, or other traumatic event, the	ATION	Sequentially flat conditions, if any, leading to immediate	bDUE TO (OR AS		Chris	, Den	ul Fa	i De			2 years
tending physical Hygiene price or other tr	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEO	UENCE OF):						
the atten Mental H njury, o		PART II. Other significent condition	na contributing to death	but not re	sulting in th	e underly	ing cause given in	Part 1. 24a.	. WAS AN AUTO	PSY 24	b. WERE AUTOPSY FINDINGS
een signed by the atte of Health and Mental shows any injury,	MEDICAL		Samulized		hersel				PERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
s been ept. of h				DV.				-			1 YES 2 NO
ficate has b State Dept Item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТ	26. HER:	PLACE OF DEATH (Ch	eck only one)			
the S	PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou 28s. DATE OF INJURY	, ,		Nursing H	NJURY AT		BE HOW INJURY	OCCUPED	
TOR: After this cafter death with 28 is marked,	ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)		INJURY	M 1	YES 2 NO	200. DESCRIB	L HOW INSOM	OCCORED	
DIRECTOR: After this certificate has b hours after death with the State Dept. Item 28 is marked, or Item 23	ETED	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUF building, atc. (Sp	TY — At hon lecify)	ne, farm, street	, factory, of	fice	28f. LOCATION City or Tox	N (Street and Nu wn, State)	mber or Rural	Route Number,
₹R=	COMPLE		ICIAN: To the best of my kno ER: On the bests of examinati								s) and manner as stated.
M 3 E	BE C	296. SIGNATURE AND TITLE OF CERTIFIE	TTam .	w.0)		29c. LICENSE NUI	MBER M 1	29d.	DATE SIGNED	(Mogth, Day, Year)
98 €	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM	27) (Type, Print)	1 1 10	700	^	619	ro 194
		31. DATE FILED (AJGNEY POLY SOL)	547-	NATURE	wersel	e D	Calls!	my M	1) 01	801	
3		JUN 22 1994	Jalia Davel	ion Ras	lath			U			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

T0811 13

v .

.

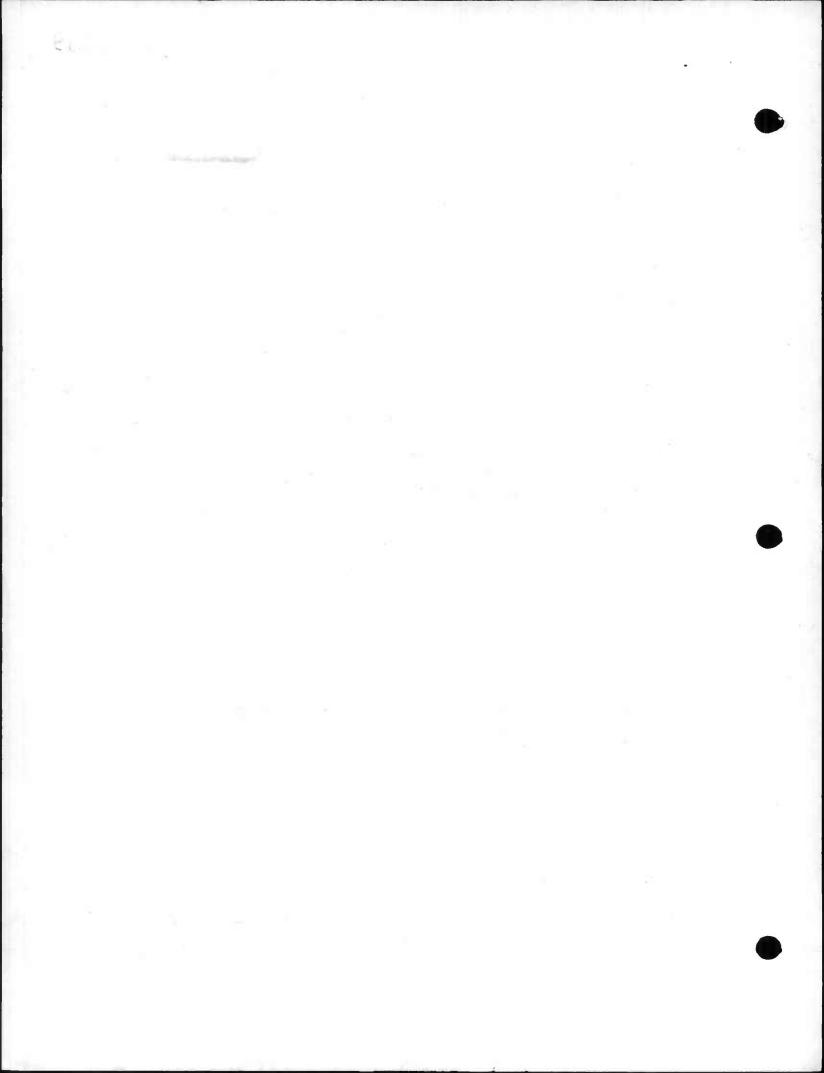
Ethel Virginia Kitwo and the control of the control		1. DECEDE	NT'S NAME (First							400		2. DATE	OF DEATH	YEA	3. TIME C	F DEATI
TRIVERS MADE (PST), MISCOLARS) TO CHESTER SOUTH STATUS TO STREET AND NUMBER 10 CITY, TOWN ON LOCATION OF DEATH DOTChester TO CHESTER SOUTH STATUS TO STREET AND NUMBER 10 CITY TOWN ON LOCATION OF DEATH DOTChester TO CHESTER T					1			7				1	30	1301	8	
Dorchester General Hospital Cambridge Dorchester Registered Or December Waryland Dorchester No. 27 COMBY Maryland Dorchester No. 27 COMBY Maryland Dorchester No. 27 COMBY Maryland Dorchester No. 27 COMBY No. 27		214-07-7562 1 I M XX F 89 YRS. MONTHS DAYS HOURS							2-5-1904 Country Marylan							
Maryland Dorchester Cambridge 10. STREET AND NUMBER 11. MAS DECEDENT EVEN IN LIA, ANMED FORCEST 1 YES ALLINO FOR YES ALLINO FORCEST 1 YES ALLINO FORCEST	OR															er
The street and number is a street and number is a street and policy in the street is a street and policy in the street is a street in the street is a street in the street is a street in the street is a street in the street is a street in the street is a street in the street is a street in the street is a street in the street is a street in the street is a street in the street is a street in the street is a street in the street is a street in the street is a street in the street in the street is a street in the street is a street in the street is a street in the street is a street in the street is a street in the street is a street in the street in the street is a street in the st	DIREC	10a. STATE 10b. COUNTY					10c, CI								LIMI	TS?
Note Note		100. STREET AND NUMBER 110 Glenburn Avenue				101. ZIP CODE								OF WHAT COU		
BlumentaryTisecondary (Prize) Collage (1-4 or 8 +) Registered Nurse		1 Never	Married 2					8:	f yes, spe	ecity Cuba	n, Maxica	n, Puerto f	? (Specify Yea o		Black, White, of	c,
The continue of the continue	ETED	Elemen	(Specify onlitery/Secondary (C	ly higheat grade	e completed)		(Give kind of life. Do NOT u	work done ouse retired.)	during mos	st of working	ng	16b.	KIND OF BUSIN	I NESS/INDUSTF	RY	
UI.In H. WILIEY Cora Ellen Price 199. MAILHO ADDRESS (Sirest and Number or Pural Route Number, City or Town, State, Zp Code) Jane K. Parks 402 Leonard Lane Cambridge, Md. 21613 209. MATCH 2 (Cremetion 3) Removel from State 209. PLACE AND DATE OF DISPOSITION (Name of Cambridge, Md. 21613 209. PLACE AND DATE OF DISPOSITION (Name of Cambridge, Md. 21613 21. SIGNATURE OF PINERAL SERVICE LICENSEE DOT CHESCET Memorial Park 7/3 Cambridge, Md. 21613 22. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure, List only one cause on each line. IMMEDIATE CAUSE (Fined diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure, List only one cause on each line. DUE TO (OR AS A CORSCOURNEC OF): A grey fined and Number or Pural Route Number, Cause (Disease or Indiana, List any), leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Indiana, List any), leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Indiana, List any), leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Indiana, List any), leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Indiana) A green of the pural Route Number of Dath (Disease) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24. WAS ANA AND ADDRESS (Fined and Number or Pural Route) 25. WAS CASE REFERRED TO MEDICAL PARTICLE CONTRIBUTION OF ROUTE CONTRIBUTION OF ROUTE CONTRIBUTION OF ROUTE CONTRIBUTION OF ROUTE CONTRIBUTION OF ROUTE CONTRIBUTION OF ROUTE CONTRIBUTION OF ROUTE CONTRIBUTION OF ROUTE CONTRIBUTION OF ROUTE CONTRIBUTION OF ROUTE CONTRIBUTION OF ROUTE CONTRIBUTION OF ROUTE CONTRIBUTION OF ROUTE CONTRIBUTION OF ROUTE CONTRIBUTION OF ROUTE CONTRIBUTION OF RO	MP.	12. FATHER		Vicialia Lant)			Registe	ered I	Nurs	_	HED'C NA	ME /Einst A	Siddle Maide C.	····		
198. MALINA ADDRESS (Time of Running or Pown, State 2) Code) 198. MALINA ADDRESS (Time of Running Run	ш				y				131							
20e. METHOD OF DISPOSITION Note of DISPOSITION Note of National Park (1/2) and the provided of					7-16											
21. SIGNATURE of PANERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home Thomas F		XX Burlel	2 Crematic	on 3 🗆 Rem	noval from State	20b. PLACE AND DATE OF DISPOSITION			TION (Name of DATE 20c. LOCATION — City or Town,					or Town, State		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval B onset and according in the condition resulting in death) 24. DUE TO (OR AS A CONSEQUENCE OF): 24. DUE TO (OR AS A CONSEQUENCE OF): 24. DUE TO (OR AS A CONSEQUENCE OF): 24. DUE TO (OR AS A CONSEQUENCE OF): 24. DUE TO (OR AS A CONSEQUENCE OF): 24. WAS AN AUTOPSY PERFORMED? 24. WAS AN AUTOPSY PERFORMED? 24. WAS AN AUTOPSY PERFORMED? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Panding 28. DATE OF INJURY MUSHING INJURY AT WORK? 1 Netural 5 Panding 28. DATE OF INJURY MUSHING INJURY AT WORK? 29. PLACE OF DEATH (Check only one) 29. MANNER OF DEATH 1 Netural 5 Panding 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 21. MANNER OF DEATH 22. PLACE OF INJURY AT WORK? 23. PLACE OF INJURY AT WORK? 24. PLACE OF INJURY AT WORK? 25. PLACE OF INJURY AT WORK? 26. PLACE OF INJURY AT WORK? 26. PLACE OF INJURY AT WORK? 27. MANNER OF DEATH 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 29. PLACE OF INJURY AT WORK? 29. PLACE OF INJURY AT WORK? 20. PLACE OF INJURY AT WORK? 20. PLACE OF INJURY AT WORK? 20. PLACE OF INJURY AT WORK? 20. PLACE OF INJURY AT WORK? 20. PLACE OF INJURY AT WORK? 29. PLACE OF INJURY AT WORK? 29. PLACE OF INJURY AT WORK? 29. PLACE OF INJURY AT WORK? 29. PLACE OF INJURY AT WORK? 29. PLACE OF INJURY AT WORK? 29. PLACE OF INJURY AT WORK? 29. PLACE OF INJURY AT WORK? 29. PLACE OF INJURY AT WORK? 29. PLACE OF INJURY AT WORK? 29. PLACE OF INJURY AT WORK? 29. PLACE OF INJURY AT WORK?		21. SIGNATURE OF PUNERAL SERVICE LICENSEE DOTCHESTET Memorial Park //3 Cambridge, Md. 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home														
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY AT WORK? 29. DATE OF INJURY AT WORK? 20. DATE OF INJURY AT WORK?		IMMEDIA disease d	I. Enter the d ahock, or h TE CAUSE (File or condition	diseases, or meart failure.	List only one cau	JSO ON AB	ch lina.	7(00 Lo	OCUS	t St Ing, suci	. Car	nbridge		App	erval B
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 YES 2 NO 28. DATE OF INJURY (Month, Dey, Veer)	TIFICATION	IMMEDIA disease of resulting Sequenti if any, le cause. Et CAUSE (I that initia	I. Enter the d shock, or h TE CAUSE (Fig or condition in death) ally list condit ading to immenter UNDERLY. Disease or injusted events	diseases, or one art failure. neil tions, odiata ing ury	a. Car b. Acute DUE TO Coron	OR AS A	consequence of Card Consequence of Ar Le	7(not antar	00 Lo	OCUS	t St Ing, suci	. Car	nbridge		App	erval B
2 Accident Investigation 28 PLACE OF IN HIPLY At home for start fortunal Management (1997) 1997 1997 1997 1997 1997 1997 1997	AL CERTIFI	immedia disease (resulting Sequenti if any, let cause Et CAUSE (I that initia resulting	I. Enter the d shock, or h TE CAUSE (First condition in death) ally list condit adding to immenter UNDERLY. Disease or injusted events in death) LAS	diseases, or one or failure. neil tions, sidiata ling ury ST	a. Acute, DUE TO DUE TO DUE TO	OR AS A	CONSEQUENCE CONSEQ	7(not enter	the model was	ocus de of dy	t St ing, such	. Cal	nbridge llac or respira 24e. WAS AN AI PERFORM	UTOPSY HED?	24b. WERE AUTAMALABLE	PRIOR ON OF COMMENT
D 2 Accident Investigation 28 PLACE OF IN HIDY As home for what for the Accident 29 PLACE OF IN HIDY As home for what for the Accident 29 PLACE OF IN HIDY As home for what for the Accident 29 PLACE OF IN HIDY As home for what for the Accident 29 PLACE OF IN HIDY As home for what for the Accident 20 PLACE OF IN HIDY As home for what for the Accident 20 PLACE OF IN HIDY As home for what for the Accident 20 PLACE OF IN HIDY As home for what for the Accident 20 PLACE OF IN HIDY As home for what for the Accident 20 PLACE OF IN HIDY As home for what for the Accident 20 PLACE OF IN HIDY As home for what for the Accident 20 PLACE OF IN HIDY As home for what for the Accident 20 PLACE OF IN HIDY As home for what for the Accident 20 PLACE OF IN HIDY As home for what for the Accident 20 PLACE OF IN HIDY As home for what for the Accident 20 PLACE OF IN HIDY As home for what for the Accident 20 PLACE OF IN HIDY As home for what for the Accident 20 PLACE OF IN HIDY As home for what for the Accident 20 PLACE OF IN HIDY AS home for what for the Accident 20 PLACE OF IN HIDY AS home for what for the Accident 20 PLACE OF IN HIDY AS home for what for the Accident 20 PLACE OF IN HIDY AS home for what for the Accident 20 PLACE OF IN HIDY AS home for what for the Accident 20 PLACE OF IN HIDY AS home for what for the Accident 20 PLACE OF IN HIDY AS home for what for the Accident 20 PLACE OF IN HIDY AS home for what for the Accident 20 PLACE OF IN HIDY AS home for what for the Accident 20 PLACE OF IN HIDY AS home for what for the Accident 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20 PLACE OF IN HID ACCIDENT 20	MEDICAL CERTIFI	IMMEDIA disease of resulting Sequenti if any, let cause. CAUSE (I that initial resulting) PART II.	i. Enter the d shock, or h TE CAUSE (Figure condition in death) ally list condit ading to immenter UNDERLY. Disease or injusted events in death) LAS	diseases, or neert failure. nei tions, ediata ling ury ST ant condition	a. Acute, DUE TO DUE TO DUE TO	OR AS A	CONSEQUENCE CONSEQ	7(not enter	the model was	ocus de of dy	t St ing, such	. Cal	nbridge llac or respira 24a. WAS AN AI PERFORM	UTOPSY HED?	24b. WERE AUTOMILABILE COMPLETE OF DEATH	PROPERTY FILE PRIOR OF CO.?
	MEDICAL CERTIFI	IMMEDIA disease of resulting Sequenti if any, let cause. Et CAUSE (I that initial resulting) PART II.	I. Enter the d shock, or h TE CAUSE (Figor condition in death) ally list condition in death) ally list condition in death) ally list condition in death) condition in death)	diseases, or neert failure. nei tions, ediata ling ury ST ant condition	a. Due To b. Acute, Due To c. Or on Due To d. HOSPITAL:	(OR AS A	CONSEQUENCE CONSEQ	7(not enter	DO Lithe mod	ocus de of dy favo favo g cause	t St ing, such	Part I.	nbridge llac or respira 24a. WAS AN AI PERFORM 1 YES 2	UTOPSY HED?	24b. WERE AUTOMILABILE COMPLETE OF DEATH	PRIOR 1
	PHYSICIAN: MEDICAL CERTIFI	IMMEDIA disease of resulting Sequenti if any, let cause. Et CAUSE (I that initis resulting) PART II. 1 25. WAS CAEXAMII 1 YES	I. Enter the d shock, or h TE CAUSE (Figure condition in death) ally list condition in death) ally list condition in death) ally list condition in death) Disease or injusted events in death) LAS Other signification in death) LAS Other signification in death) LAS Other signification in death) LAS	diseases, or one of failure. near failure. near failure. tions, dista ling ury ST ant condition TO MEDICAL	a. Due to b. Due to c. Due to d. na contributing to	(OR AS A desth bu	CONSEQUENCE CONSEQ	7(not anter	DO Lithe model the model to the	CCUS fave fave g cause g	t St Ing, such Legiven in	Part I,	nbridge llac or respira 24a. WAS AN AI PERFORM 1 YES 2	UTOPSY IED? NO	24b. WERE AUT AMAILABLE COMPLETT OF DEATH	PRIOR 1
	BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIA disease of resulting Sequenti if any, let cause. Et CAUSE (if that initial resulting) PART II. 1 25. WAS CAEXAMII 1 Y 1 27. MANNET 1 Net CAUSE (in that initial resulting)	I. Enter tha d ahock, or h TE CAUSE (File or condition in death) ally list condition in death) ally list condition in death) ally list condition in death) Condition in death)	tiona, political and condition	a. DUE TO b. DUE TO C. DUE TO d. DUE TO d. HOSPITAL: NO Inpetiant 2 28s. DATE Of (Month, C) 28s. PLACE O	(OR AS A (OR	CONSEQUENCE CONSEQ	OTHER ALDREST	DO Lithe model the model to the	GCUS favo favo GCUS g cause g ACE OF 0 to 8 R URY AT PRK? YES 2 [t St ing, sucl Legion in BEATH (Cho	Part I. Call Part I. Cock only on B Othe 281. LOC Chy to the cau	nbridge llac or respira 24a. WAS AN AI PERFORM 1 YES 2 or (Specify) CRIBE HOW INJ ATION (Street arror Rown, State)	UTOPSY IED? NO JURY OCCURE of Number or Re	24b. WERE AUTAMALABLICOMPLETION DEATH 1 YES	Properties
296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Total Print).	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIA disease c resulting Sequenti if any, fer cause. El CAUSE (i that initia resulting) PART II	I. Enter the d shock, or h TE CAUSE (Fig. or condition in death) ally list condition in death) ally list condition in death) Disease or injusted events in death) LAS Other signification of the condition of	iliseases, or opert failure. neart failure. neart failure. tiona, diata ling. Inguire ling. TO MEDICAL Pending investigation Could not be detarmined TITFYINO PHYS DICAL EXAMINE	a. Due to b. Due to b. Due to c. Due to d. Due	(OR AS A (OR	CONSEQUENCE CONSEQ	OTHER ALDREST	DO Lithe model the model to the	GCUS fave fave fave fave g cause g ace of 0 uny at rick? yes 2 [and place eath occur	t St ing, sucl ling, s	Part I. Part I. 281. LOC Chy to the cautime, data	nbridge llac or respira 24a. WAS AN AI PERFORM 1 YES 2 ar (Specify) CRIBE HOW INJ ATION (Street arror Rown, State)	UTOPSY IED? NO NO NO NO NO NO NO NO NO N	24b. WERE AUT AMALABLE COMPLET OF DEATH 1 YES	PRIOR 2 N

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	Nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thit is State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	te medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furbe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH		REG. NO.
"S NAME /First Middle anti			

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR				MENTAL HYGIEN			
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH	
	Walter	Kr	ikstan				July 4,	1994	11:00 a ^M	
	S TO THE STATE OF	5. SEX 6. AGE (II	in yrs. lest birthday)	IF UNDER 1	YEAR IF UN	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0. BI	IRTHPLACE (State or Foreign ountry)	
	220-07-3333	100	YRS.	and the second	ALTS HOUR	S WHITE,	Sept. 3,	1893	Lithuania	
~	9e. FACILITY NAME (If not institution, give street	et and number)		9b, CITY, T	OWN OR LOC	ATION OF C	DEATH	9c. COUNTY C		
6	Pinetree Home		oad	Charles						
입	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION				10d. INSIDE CITY	
E	Maryland Cha	rles	Tne	dian H	lead.				LIMITS?	
A	10a. STREET AND NUMBER	1100		alum 1	101. ZIP CI	DOE	-	10g. CITIZEN C	OF WHAT COUNTRY?	
FUNERAL DIRECTOR	10 Woodsome Dr.					2064	Λ	U.S.	7\	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMED			T OF HISPA	NIC ORIGIN? (Specify Ye	e or No - 14, F	RACE — American Indian.	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 [YES 2 X N	iben, Mexic IO Speci	an, Puerto Rican, etc.)		Black, White, atc. Specify:	
	**	<u> 1917 - 193</u>							White	
	15. DECEDENT'S EDUCA' (Specify only highest grade co	rion Impleted)	16a. DECEDENT'S (Give kind of life. Do NOT us	work done dur	UPATION ing most of wo	rking	16b. KIND OF BU	JSINESS/INDUSTR	RY	
ا ڌ	Elementary/Secondary (0-12)	College (1-4 or 5+)						~		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Carpen	ter	40.00	OTHERIO AL	ME (First, Middle, Maider	Governm	<u>ent</u>	
		rikstan								
띪	19a. INFORMANT'S NAME (Type/Print)	LIASCAII	19h MAILING	ADDRESS (onia G Route Number, City or To	rynius	N.	
임	Helen Todd						ian Head,		· ·	
	20a, METHOD OF DISPOSITION 1 N Burlel 2 Cremetton 3 Remove	20b.	PLACE AND DATE	OF DISPOSITI	ON (Name of			OCATION — City of		
	1 № Buriel 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	al Irom State ceme	etary, crematory or o Resurrec	ther plece)	Cemete	rv 1		-	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NA	ME AND ADD	RESS OF F	ACILITY		TRALYTANA	
	M. In	11/	M00668				eral Home,			
	23. PART i. Enter the diseases, or cor	molications that caused		Rt.	S CZZ	dylog au	mont Rd.,	Indian I	Head, Md. 2064	
	shock, or heart failure. Lis	st only one cause on es	ich line.	ior enter ti	ie illoue or	aynig, au	cii aa cardiac oi real	matory arrest,	Interval Between	
	iMMEDIATE CAUSE (Einei disease or condition	0	1 2						Onset and Death	
	resulting in death) a.	OUE TO (OR AS A	tive Hea		ilure				2 Weeks	
,		00 0 0 1111 122	lood Pre						Timing on the	
ᅙ	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):					Unknown	
8	cause. Enter UNDERLYING CAUSE (Disease or injury									
三	that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):						
CERTIFICATION	resulting in death) LAST									
	PART II. Other algnificant conditions	contributing to death by	ut not resulting	in the unde	riving caus	e given ir	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
5					,g 0-00	o green n	PERFO	RMEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
							1 TYES	2 X NO	OF OEATH?	
Σ	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH	1 YES	ПИ	O KX		1 YES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF					
SIC		HOSPITAL:	ntient 3 DOA	OTHER:			6 Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 2	Sc. INJURY AT		28d. DESCRIBE HOW	INJURY OCCURED	D	
BY	1 Natural 5 Pending 2 Accident Investigation	(MORRI, Day, Year)		M	WORK?	NO D				
	3 Suicide 8 Could not be	28a. PLACE OF INJURY	— At home, farm,	street, factory	, office		281. LOCATION (Street	iral Route Number,		
	4 Homicide determined building, etc. (Specify)							"		
	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and not the cause(s) and not the cause(s).									
COMPLETED									se(a) end manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIES	11		-						
	and the state of t							-6-94		
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	IDH (IDEM 27) (Type	, Print)	L	,52000		/-	0-34	
	H. Herbert Washing	iton, M.D.	11701 I	ivina	ston R	ld., 1	Fort Washi	naton. N	Md. 20744	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE				Madilli		20177	
	JUL 0 7 1994	32. REGISTRAR'S SIGNA	orRadall							
_		-			_					



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

a di managan da ang ang ang ang ang ang ang ang ang an								20			
1. DECEDENT'S NAME (First, MICHA) LA DORO	THY ELIZA	ABETH	LO	WMAN		2. DATE	HTAND TO	09	79	DOO!	
217-18-7153	10 4 2 💥 🕫	71		IF UNDER 1 YEAR		June	OF BIRTH	923	S BUR	aryland	
301 Roberts Mi					n on Location of Taneytown				Carr		
Naryland 106. COU	ntv Carroll		ne. city, town on Location Taneytown					16d, 8			
10s. STREET AND NUMBER 301 Robe:	rts Mill Roa	ad		I	101. ZIP CODE 2178	7		10g. CI1	U.S	1 X YES 2 □ NO WHAT COUNTRY? A.	
11. MARITAL STATUS 1 Never Married 2 Married 2 Nidowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 TY IF YES, GIVE WAR O WW II	YES 2 N	MED (O	If yes,	DECENDENT OF HISP specify Cuben, Mexi (ES 2 X) NO Spec	en, Puerto	N7 (Specify Ver Ricen, etc.)	s or No-	Sin	CE - American Indian, eck, White, etc. ecity: DUCASIAN	
15. DECEDENT'S E (Specify only highest gr Elementery/Secondary (0-tz) 1.2	SUCATION ade completed) College (1-4 or 5 +)	Alla.		e retired.)	NTION most of working	100	Shoe M		DUSTRY		
17. FATHER'S NAME (First, Middle, Last)	Norris Frank				18. MOTHER'S P	AME /First.		Sumame)	1		
Jean W. Lowman	n	30	MAILING	berts 1	Mill Rd.,	Route Num	dux City or Tow	n. Stelle, Zi	jo Gode)	787	
20e. METHOD OF DISPOSITION 1 □ Burlat 2 X Cremation 3 □ R 4 □ Donation 5 □ Other (Specify)	emovel from State	20b PLACE	IND DATE O	FDISPOSITION		DAT	E 20c. LO	CATION -	- City or	Town, State	
23. PART I. Enter the diseases, of shock, or heart fallur IMMEDIATE CAUSE (Final	Stifes			136 I	E. Baltim	ore S	iles E	reyto	wn,	MD 21787 Approximate Interval Betw	
23. PART I. Enter the diseases, or shock, or heart failur	a. HALVE DUE TO JOR DUE TO JOR DUE TO JOR DUE TO JOR DUE TO JOR DUE TO JOR DUE TO JOR	AS A CONSEC	ALTO ON THE PROPERTY OF THE PR	136) ot enter the	E. Baltim	ore S	iles E	AUTOPSY	wn ,	MD 21787	
23. PART I. Enter the diseases, or shock, or heart failur immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions, in the cause cause are conditions.	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEC AS A CONSEC AS A CONSEC AS A CONSEC AS A CONSEC	DUENCE OF	22. MAME 136 I) ot enter the	E. Baltim mode of dying, su ring cause given is	n Part I.	Z4e. WAS AN PERFO	AUTOPSY	wn ,	MD 21787 Approximate Interval Betw Onset and Brew Onset and Brew Onset and Brew Onset and Brew Onset and Brew Onset and Brew Onset Amalanus Proport to Completion of Cause Of Beater	
23. PART I. Enter the diseases, or shock, or heart failure immediate cause. Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions or conditions of the cause of the conditions of the cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER OF DEATH 1 Natural 5 Pending	DUE TO (OR DUE TO (OR) DUE TO (OR) DUE TO (OR) DUE TO (OR)	AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSEC	DUENCE OF	22. MAME 136 ot enter the others the ot	E. Baltim mode of dying, su	n Part I.	Z4e. WAS AN PERFO	AUTOPSY	wn ,	MD 21787 Approximate Interval Betw Onset and Brew Onset and Brew Onset and Brew Onset and Brew Onset and Brew Onset and Brew Onset Amalanus Proport to Completion of Cause Of Beater	
23. PART I. Enter the diseases, or shock, or heart failure immediate Cause. (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the con	DUE TO (OR DUE TO	AS A CONSECT AS A	BUENCE OF BUENCE	22. MAME 136 ot enter the others the underly others other	AND ADDRESS OF I	n Part I.	24e. WAS AN PERFOR	AUTOPSY MALUSTY OCHANICAL PROPER	est,	MD 21787 Approximate Interval Betw Onset and Brew Onset and Brew Onset and Brew Onset and Brew Onset and Brew Onset and Brew Onset Amalanus Proport to Completion of Cause Of Beater	

		멀
		hou
		S
		ci
		-
		Pages
		permit.
BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	y the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
Ō	5	#
Ś	9	Se
2	atte	8
2	0	7
	N'ta	P
¥	150	8
-	9	eta
	€	0
>	3	ă
Œ	9	3
⋖	tai	S
2	9	S
î.	2	90
œ	пау	A
ō	9	cto
ž	90	ig.
Ξ	80	B
5	Ē	Der
⋖	de	\$
00	Je.	the
	CO	>

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

examiner must be notified at once.	IMPORTANT II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
if.	. So that within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNETIAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hospi	THE MOST THE MOST ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospi

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIE REG. N
	SECEDENT'S NAME (First Middle Leat)		O DAYE O	COCATU

	REGISTRAN				T DEALL		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Las Edna	Rose Laws	on			2. DATE	e of Death 30 94	RASY	9:01 a. M		
	4. SOCIAL SECURITY NUMBER 214-16-4253	5. SEX 6. /	VGE (In yrs. lest birthday) 71 YRS.	IF UNDER 1 YE		(Mon	E OF BIRTH oth, Day, Year) 3, 1922	Country	PLACE (State or Foreign))) DMerset		
NG.	9a. FACILITY NAME (If not institution, give Edw. W. McCready		spital		wn DR LOCATION C		9c. C	ounty of De	ATH		
5	RESIDENCE OF DECEDENT										
DIRE	Maryland 106. cou	Somerset	10c, C/7	Cris	field				10d. INSIDE CITY LIMITS? 1 YES 27 NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER 26465 Asbury Ave	enue			101. ZIP CODE 21817	7	10g.	U.S.	A.		
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	ER IN U.S. ARMED YES 2 NO OR DATES	If yes	DECENDENT OF HI I, specify Cuban, M YES 2 NO S	axican, Puerto	IN? (Specify Yes or No- Rican, etc.)	Black	- American Indian, White, etc. y: White			
8	15. DECEDENT'S E		16a. DECEDENT'S	USUAL OCCU	PATION	16	b. KIND OF BUSINESS	INDUSTRY			
COMPLETED	(Specify only highest gri Elementary/Secondary (0-12) H. S. Graduate	College (1-4 or 5+)	Secreta	se retired.)	g most of working	5	City Gove	rnment			
OM	17. FATHER'S NAME (First, Middle, Last)		, 500,000	2	18. MOTHER	S NAME (First.	Middle, Malden Surnam				
	Thomas Martin						Sterling				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	eet and Number or F	Rural Route Nur	mber, City or Town, State,				
10	G. Leo Lawson (1	Husband)	26465	5 Asbur	y Avenue	- Cr:	isfield, M	ID 218	317		
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from Stata	20b. PLACE AND DATE cometery, crematory or Sunnario	of disposition of the place) Memor	N(Name of ial Park	C-7/2/	TE 20c LOCATION OF Crist				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons, Main St., Crisfiel										
	Robert H. B. 23. PART I. Enter the discesses, D.	radshaw, Jr	0								
	shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Mg	o cardia	1	Infar				Approximate interval Between Onset and Death		
EDICAL CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
2	PART II. Other significant conditi	one contribution to des	th but not reculting	In the conde	hulan anna atua	n In Book I	24s. WAS AN AUTOP	au Lau			
2	TATE OF STREET CONTROL	One contributing to dea	of not resulting	III the those	lying cause give		PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL	1		26 BI ACE OF REATH (Check and age)							
Sic	EXAMINER? HOSPITAL: OTHER:										
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJU	JRY 28b, Til	28b. TIME OF 26c. INJURY AT WORK? 1 YES 2 ND			28d. DEŞCRIBE HOW INJURY OCCURED				
ED BY	2 Accident Investigation 3 Suicide 6 Could not 6 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — Al home, farm, (Specify)			28f, LO	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED		YSICIAN: To the best of my	knowledge, death occur	red at the time,	data and place, and	d due to the c	ause(s) and manner as	stated.			
S S	one) 2 MEDICAL EXAM	NER: Dn the basis of axemi	nation and/or investigati	on, in my opini	on, death occured a	it the time, de	ta and place, and due t	to the cause(a)	and manner as stated,		
0	206. SKINATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D29987 D29987										
BE	1 VII July	weaven			DE	, , ,		11/1/h	130.1004		
TO BE	30. NAME AND ADDRESS OF PERSON Dr. Albert Da		F DEATH (ITEM 27) (Type ready Hosp	ital,			21817	Jun	1 30,1994		

michael total and

27511-51-A1

dealt. Sectionally Heavenier Control and

The Distant Land

JUL 05 1994

A	A	M

ITEMS: 23 PART I, 27, PER MEO FILM G-713 7/22/94 t.t.

		1 - STATE REGISTRAR	SIMIE UF	MARTL	CERTII					MENIAL	REG. NO.			
		1. OECEDENT'S NAME (First, Middle	e, Last)		0	TOATE	- 0.	DEATT	•	2. DATE O	F DEATH		3.	TIME OF OEATH
		HELEN EDITI	H LOGAN							JULY	0.4		94 6	:05 A M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (I	In yrs. lest birthday	-		IF UNDER 24		7. DATE O	FBIRTH		S. BIRTHPL	ACE (State or Foreign
9	DIRECTOR	216-56-5361	1 □ M 2 🔀 F		44 YRS.	MONTHS DAYS HOURS MIN			MIN.	Sept. 27,		1949	Dela	ware
pinous		9a. FACILITY NAME (If not institution						R LOCATION	OF DE	ATH			TY OF DEAT	ТН
2, 3		89 Vista Dr				ELK'	TON					CEC	IL	
es 1.	EC	RESIDENCE OF DECEDE 10a. STATE 10b.	COUNTY		10c. CI	TY, TOWN O	R LOCAT	TON						d. INSIDE CITY
r. Pages	HO	Maryland Co	ecil		El	kton								LIMITS?
permit.	AL.	10e. STREET AND NUMBER				_	101	ZIP CODE				10g. CITIZ		T COUNTRY?
usit	ER	89 Vista Drive	9				- 2	21921				U.S	.A.	
-0020 mg physician. me burial-transit	FUNERAL	11. MARITAL STATUS	FORGEOR	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO			MAS DEC	ENDENT OF I	HISPAN	IC ORIGIN?	(Specify Yes	or No-	14. RACE —	American Indian, fhita, atc.
00. Fd 3d	BY	1 Never Married 2 X Marrie 3 Widowed 4 Divorced	IF YES, GIVE							can, etc.)		CM	White	
21215-0020	0	15. DECEDENT	I T'S EDUCATION		18a. DECEDENT	S LISHAL OC	CLIDATIC	M.	_	100. 1	(IND OF BUI	SIMESS (MID)		WILLE
음 (X)	E	(Specify only highe Elementary/Secondary (0-12)	st grade completed) College (1-4 or 5			work done of				160. 1	GND OF BU	SINESS/INDU	STRY	
	<u>a</u>	12	Conege (1-4 or 5	**	Homema	ker								
the he deta	SOM.	17. FATHER'S NAME (First, Middle, L	,					16. MOTHER	R'S NAI	ME (First, Mic	ddle, Maiden	Surname)		
at be	BE C	Frank	B. Moore							Edit	h W.	Potte	r	
MARYLAND retained by the hur S should be deta	5	19e. INFORMANT'S NAME (Type/Pris						nd Number or					Code)	
y be re	-4	Roger A. Logar	n .		89 V	ısta	Dri	ve - E	ELKt	ton,	MD 2	1921		
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be	- 8	20a. METHOD OF DISPOSITION 1 M Buriet 2 □ Cremation 3			PLACE AND DATE					747		CATION — C		State
BALTIMORE, for death. Page 6 may be the funeral director, page wal.		4 ☐ Donation 5 ☐ Other (Specifical Signature of Funeral Service)		R	osebank				05.514	11994		vert,		
ALTIM death. Page funeral dire	11	1	1			"H	TER?	PAPPES West S	or Etc	Sr Fu	neral	s, P.	Α.	
0 - 0		Dance	W. S. He	eka)	E	lkto	on, MD) 2	21921	-5521			
9.5 5		23. PART i. Enter the disease ahock, or heart for	es, or complications th silurs. List only one ca	al cauaad uaa on ea	the daath. Do ach line.	not antar	tha mo	da of dying	, suct	h aa cardle	or raspi	iratory arre	at,	Approximate interval Batween
filled fon. or		IMMEDIATE CAUSE (Final disease or condition												Onset and Death
s760 sted within completely filled ial. cremation.		reaulting in death)	With the second		CONSEQUENCE									
cecuted with and complet bo bunal, cren	_		-	J (ON AS A	CONSEGUENCE	or ₎ :				,				
OX 68: e be execute sician and control to bunia traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OR AS A	A CONSEQUENCE OF):					,					
m % > ~ -	CA	cause. Enter UNDERLYING CAUSE (Disease or injury												
certificate nding physi Hygiene pr	E	that initiated events	CONSEQUENCE	ONSEQUENCE OF):										
S, P.O death certi e attending lental Hygie ury, or ott	ER	reaulting in death) LAST	d											
Mer de d		PART II. Other significant con	nditiona contributing to	death bu	ut not resulting	in the un-	derlying	causa giv	an in l	Part I.	4a. WAS AN		24b. WI	ERE AUTOPSY FINDINGS
ORC that the	MEDICAL										PERFOR		CC	AILABLE PRIOR TO OMPLETION OF CAUSE
w requires that been signed of Health a shows any														DEATH?
L RI law red as been bept. of		DID TOBACCO U	SE CONTRIBUTI	TO C	CAUSE OF	DEAT	H Y	ES 🖂	NO					3 .55 2 5
VITAL AN: The law lificate has b s State Dept.	SICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:				-	ACE OF DEAT	TH (Che	ock only one)				
ICIAN: ertifica the Sta	YSI	1 YES 2 NO	1 inpatient 2	☐ ER/Outpe	ntlent 3 DOA	OTHER		a 5 KReeld	lence	6 🗆 Other (Specify)			
II = 8 = .	РНУ	27. MANNER OF DEATH	28a. DATE O (Month, i	F INJURY Day, Year)	28b, TI	JURY		RK7		28d. DESC	RIBE HOW I	NJURY OCC	JRED	
ON OF OR OF After this death with a marked	BY	2 Accident Investig	gation	OF ALBIDY	44.5	M		ES 2 N	10					
VISION ATTENDING ECTOR: After s after deatt	B	3 Suicide 6 Could 4 Homicide detarm	not be building	atc. (Speci	— At home, farm,	street, racto	ory, omca	•			Town, State)	and Number o	r Rurai Rout	e Number,
DIVISION OR ATTENDING ORECTOR: After hours after death item 28 is mai		29a, CERTIFIER					_							
로 로 전 본	MPLE		AMINER: On the beat of											
HOSPITAL FUNERAL Within 72 TANT: It	8	296. SEMATURE AND TITLE OF CE			and of investigat	1011, 117 HIY O	pirmon, ut				na piaca, an			
물 물 활 등	B	100/4555	20116.00)				29c. LICENS						onth, Day, Year)
₽ ₽ ₽ ₩	2	AND ADDRESS OF PERS	ON WHO COMPLETED CAL	JSE OF DEA	TH (ITEM 27) /5~	e. Print1		o.c.	IvI •	Ľ.		FJU.	PX O	4,1994
		MARLDONA K	1/00		enn St		. B	altim	າດກ	e. M	arvl	and	2120	1
		31. OATE FILED (MONT), Day Year)			TURE CON	24.	, 2			J, 11	J -		~ 120	-
		JOL T.	Server d	146		and and								

STILL The season where the season

Amended Item #1,#6,#7 WCHD 7/11/94 mpt
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FUNERAL					101	ZIP CODE					AT COUNTRY	7
	307 North Blvd					21801				USA		
ВУ	1 KNever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EV FORCES? 1 X V	YES 2 NO	13	If yes, spe	ENOENT OF HISPA ecify Cuban, Maxic 2 X NO Speci	en, Puarto Ric		or No—	Block, V Specify: Whit		idlan,
TED	15. OECEDENT'S EDI (Specify only highest grad	UCATION le completed)	(Give ki	ENT'S USUAL	e during mo		18b. K	IND OF BUS	INESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 5 +		NOT use retired	(.)		Т	aw				
MO	17. FATHER'S NAME (First, Middle, Last)	-	nece	orney		18. MOTHER'S NA			Surname)			_
ш	Sol (unk) Lie	bman				Corinn	e Sadi	e Fas	S			
TO B	19a. INFORMANT'S NAME (Type/Print)	C-20				nd Number or Rural				Code)		П
	Naomi Jacobs					d.,Sali						
	1X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cometery cremator Beth Is	ry or other place	Cemet	er v	1			ULY,		
	21. SIGNATURE OF PARENT SERVICE L	CSHSEE	Deen 1		2. NAME AN	O ADDRESS OF F	CILITY		1130	dry,		_
1	> 12 0 V	elowa				oway Fur Snow Hi						
7		Recurren	AS A CONSEQUEN	NCE OF):	mee	Anno 7	Realis	and				
TIFICATION	Inat initiated events	b. Please TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT	NCE OF): NCE OF): Age NCE OF):	AND	Debi	Realis	and				
CERTIFICATION	resulting in death) LAST	d								Law -		
O	Inat initiated events	d					Part I. 2	4a. WAS AN A	AUTOPSY MEO?	A O	FERE AUTOPS:	OT RC
DICAL C	resulting in death) LAST PART II. Other significent condition	d	ith but not reau	iting in the o			Part I. 2	4a. WAS AN	AUTOPSY MEO?	0	MAILABLE PRICOMPLETION OF DEATH?	F CAL
MEDICAL C	PART II. Other aignificent condition	d	ith but not reau	iting in the o			Part I. 2	4a. WAS AN A	AUTOPSY MEO?	0	MILABLE PRI	F CAU
MEDICAL C	PART II. Other aignificent condition	d	Seps	iting in the o	underlying 26. PL ER:		Part I. 2	4e. WAS AN A PERFORI	AUTOPSY MEO?	0	MAILABLE PRICOMPLETION OF DEATH?	F CAU
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition CHF Hypoglycem 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d. na contributing to dea CVA HOSPITAL:	Sep S	iting in the o	26. PL ER: unsing Hom 28c, INJ	ACE OF DEATH (C) 5 Rasidence URY AT RK?	Part I. 2	4e. WAS AN A PERFORI	AUTOPSY MEO? NO	1	MAILABLE PRICOMPLETION OF DEATH?	F CAU
MEDICAL C	PART II. Other eignificent condition CHF Hypoglycem Spm D 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	d	Sep S HT /Outpatient 3 = 0 1887 28	OOA OTHI	26. PL ER: 28c. INJ WO 1 1	ACE OF DEATH (C) 5 Rasidence URY AT RK? (ES 2 NO	Part I. 2	4a. WAS AN A PERFORI	AUTOPSY MEO? MO	1	MAILABLE PRHOMPLETION OF DEATH? YES 2	F CAL

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

K









	ITEM: 27,28b	&.T. P													
	1 - FOR STATE REGISTRAR		STATE OF !	MARYLA			MENT				MEN	TAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Mic	ddle, Last)										DATE OF DEATH			3. TIME OF DEATH
	Sarah		Cathar:	ine			Γ_i	ync	:h			OLO 1		YEAR	3:30 PM
1	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In	yrs. last birt	thday)	IF UNDER 1	YEAR	IF UNDE	R 24 HRS.	-	ATE OF BIRTH			IPLACE (State or Foreign
1	219-07-5439		1 M 2 J.F		94	YRS.	MONTHS	DAYS	HOURS	MIN.	T1	une 14,	1000	Count	nv)
	90. FACILITY NAME (If not institu	tion also s			94		9b. CITY, 1	DOMAN C	OD LOCAT	ON OF D		nie 14,		NTY OF E	
Œ										ION OF DE	CAIN				
16	Wesleyan Hea	TENT	care cen	ter				ent	on				Ca	arol	ine
DIRECTOR	10a. STATE 10	b. COUNTY	,		10	c. CITY,	TOWN OR	LOCAT	ION						10d, INSIDE CITY
듬	Maryland	(Caroline						Rid	gely					LIMITS?
	10e. STREET AND NUMBER							101	ZIP COD				10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	408 Maryland	Ave	nue						216	60			IJ	S.A.	
3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARMED		13. W	AS DEC	ENDENT (OF HISPAN	NIC OF	RIGIN? (Specify Yea			
	1 Never Married 2 Mar		FORCES? 1				It :	yes, spe	ecify Cubi	n, Maxica Specifi	in, Pu	erto Rican, etc.)	ALTER .	Blac Spec	E — American Indian, k, Whita, atc.
ВУ	3 🔀 Widowed 4 🗌 Divorced	1	100000				1 '		2 110	фион	,				casian
	15. DECEDE (Specify only hig	NT'S EDUC	CATION completed)		16a. DECED	ENT'S U	SUAL OCC	UPATIC	ON et of worki	000		16b. KIND OF BUS	INESS/INI		2001011
	Elementary/Secondary (0-12)		College (1-4 or 5	+)	life. Do	NOT use	retired.)		at or works	19					
MP.	11		Vone		H	Iome	make:	r				Home			
COMPLETED	17. FATHER'S NAME (First, Middle		_									irst, Middle, Maiden	Sumame)		
BE	01i	ver	C. Clar	ς					S	alli	е	Dulin			
10	19a. INFORMANT'S NAME (Type/											Number, City or Town			
-	June L. M	lagro	gan		12	2272	Cro	use	Mil	1 Ro	ad,	, Ridgel	y, Ma	aryla	and 21660
	28a. METHOD OF DISPOSITION 1 X Burial 2 Cremation	3 🗆 Reme	oval from State		PLACE AND I			ION (Na	me of			DATE 20c. LO	CATION —	City or To	own, State
	4 Donation 5 Other (Spe	ecify)	- A	De	nton	Cem	eter				16	5/20 Den	ton,	Mary	yland
	21. SIGNATURE OF FUNERAL SE	ENVICE LIC	ENSKE (1						SS OF FA					
	(Dance	XD	P. 11	6004	6_							ome, P.A n, Maryla		21620	3
	23. PART I. Enter the disea	see, or o	omplications tha	t caused	the death.	Do no	t antar ti	ha mo	da of dy	ing, suc	h as	cardiac or respi	ratory an	rest.	Approximata
	shock, or heart IMMEDIATE CAUSE (Final	t fellure. I	List only one cau	ise on aac	ch lina.										Interval Between Onset and Death
	disease or condition		IN	TAL	·A	-RV	24 -	1	HI	a					17 1.60
	reaulting in death)		DUE TO	(OR AS A C	CONSEQUE	(CE OF):	- (,	_	0		ts.				1040
z			. Calvo	nan	y f	Jo	76	Ly	4).	15e	UZ	~			115 45
임	Sequantially list conditions if any, leading to immediat		DUE TO	(OR AS A C	CONSEQUEN	VE OF):	11	, ,		•					1
3	cause. Entar UNDERLYING CAUSE (Disease or Injury		tr	pet	re	d	14	-14) ,						14 pears
드	that initiated events		DUE TO	(OR AS A C	CONSEQUEN	VCE OF):									
CERTIFICATION	resulting in death) LAST		1												
0	PART ii. Other significant of	condition	a contributing to	death but	t not read	itina in	the und	erivino	COURS	alven in	Dort	1 240 MMC AN	ALITTORIEV		WEST WITHOUT SHIPPING
§			_		t troi i gadi	ruig in	ma orno	orrying	vausa	Sivan in	rait	PERFOR	MED?	240	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA											_	1 TYES 2	□ NO		OF DEATH?
															1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MI	EDICAL I													
PHYSICIAN:	EXAMINER?	LUICAL	HOSPITAL:				OTHER:			EATN (Chi					
148	1 YES 2 NO		1 Inpatient 2 I			b. TIME	-	Bc. INJI		eldence	-	Other (Specify)			
	Notural 5 Pen	ding	(Month, D		11	INJU	RY M		RK?	X40	20a.	DESCRIBE NOW IN	DURY OC	CURED	
B	= (V)Visciperit	stigation	28e. PLACE O	E IN HIDY		INK.			1	740) '	LOCATION (Street a	100		
8	3 Suicide 6 Coul 4 Homicide deta	id not be rmined	building,	etc. (Specify	y) .		4.2	y, ornee		-		City or Town, State)		or Humai i	noute Number,
	29a. CERTIFIER	200						_	-				- "		
MPI	(Check only		CIAN: To the best of												
COMPLETED	2 MEDICAL	EXAMINE	r: On the basis of a	xamination (end/or Inves	itigation,	In my opi	nion, de	eath occu	red at the	time,	data and place, and	dua to th	e Cause(e	and manner as stated.
BE (296. SIGNATURE AND TITLE OF	CERT	0	1.2	D				29c. LtC	ENSE NUN	ABER	0			(Morith, Day, Year)
0	Jaly B	M	any	-con	-1	0			1	400	ىد	6	> C	,-1	8-94
	30. NAME AND ADDRESS OF PE														
	Henry R. D	itor	maso,	M.D.	, Da	ffi	n L	ane	, D	ento	on	, MD 21	629		

Julia Davidson-Randell

JUN 22 '94

#T200 +13

(R)

ITEM: 23 PART 1,27,28a,b,c,d,e,f per MEO KENT CO.HEALTH DEPT JK

A SOCAL SECURITY NUMBER 4. SOCAL SECURITY NUMBER 1		1. DECEDENT'S NAME (First, Middle, L		T/M		ICATE O				REG. NO.		YEAR :	3. TIME OF DEATH
TABLES AND A STREET AND AVERTAGE TO AND AND A THORNE IN A STREET AND AVERTAGE TO AND AND A THORNE IN A STREET AND AVERTAGE TO AND AND A THORNE IN A STREET AND AVERTAGE TO AND AND A THORNE IN A STREET AND AVERTAGE TO AND AND A THORNE IN A STREET AND AVERTAGE TO AND AND A THORNE IN A STREET AND AVERTAGE TO AND AND A THORNE IN A STREET AND AVERTAGE TO AND AND A THORNE IN A STREET AND AVERTAGE TO AND AND A THORNE IN A STREET AND AVERTAGE TO AND AND A THORNE IN A STREET AND AVERTAGE TO AND AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND AVERTAGE TO AND A THORNE IN A STREET AND A THORNE IN A	- N						LYN	IN		Y 2	7 9		1:45
THE PROPERTY OF THE PROPERTY O									(Mon	ith, Day, Year)		Country)	
THE STRETCH OF CRECKETS AND WOMERS AND THE PROPERTY OF THE PRO				1/	rno.	96 CITY TOW	N OR LOCATI	ON OF D		13, 19			
See STREY AND NUMBER SETTIFET AND PURPOSE SETTIFET AND PURPOSE SETTIFET AND PURPOSE SETTIFET AND PURPOSE SETTIFET AND PURPOSE SETTIFET AND PURPOSE SETTIFET AND PURPOSE SETTIFET AND PURPOSE TO SCHOOL ROAD TO SCHOO	OR	6 SOFTWOOD RO	DAD (AT	HOME)					Dail.				
Softwood Road — Crystal Beach 1. MARTIAL STATUS 1. MARTIN STATUS 1. MARTIN ST	ECT				10c. Cl	TY. TOWN OR LO	CATION						IN INCIDE CITY
Softwood Road - Crystal Beach 11. MANTA: STATUS 1	DIR	Maryland	Cecil										LIMITS?
D SOLDWOOL NORTH - CRYSTAL Heach 1. MARTIE TRUB 1. MARTIE TR	AL										10g. CITIZI		
TO DOT THE PART I. Other algorificant contributing to death but not resulting in the underlying ceuse given in Part I. 20 Medical events and the contribution of the part of the contribution of the part of the contribution of the part of the contribution of the part of	100						2	1919	9		Unit	ed S	States
The December of EUCHTON Company (1971) College (14 or 5 -) None Sequentially Make (Park, Model, Last) Donald W. Lym Donal	B⊀	1 Never Married 2 Merried	FORCES? 1	YES 2 X	RMED NO	It yes,	specify-Cuba	n, Maxico	n, Puerto			Black, Specify:	White, atc.
DOUBLE Summary (1) Confugo (14 or 5 1) None 11 None 12 None 13 Note: None 14 Note: None 15 None 15 None 16 None 16 None 17 None 17 None 18 Note: None 18 Note: None 19 None 19 None 19 None 10 Non	8			10	Give kind of	work done during	TION most of working	107	16	b. KIND OF BUS			
DODALG W. Lyrm 19s. MARINO ADDRESS (Street and Northernor Areal Room Number, Cop as Dwn. Suin, 7p Code) 20s. METHOD GEORGEATHOR 3 Removal from State 4 Donation 5 Other (Specify) 21. SURANCE AND DATE OF REPORTS (Threet and Northernor Areal Room Number Cop as Dwn. Suin, 7p Code) 22. SURANCE AND DATE OF REPORTS (Threet and Northernor Areal Room Number Cop as Dwn. Suin, 7p Code) 22. SURANCE AND DATE OF REPORTS (Threet and Northernor Areal Room Number Cop as Dwn. Suin, 7p Code) 23. PART L. Enter the diseases, or complications and surance of the code of dying, such as cardiac or respiratory errest, and the code of dying, such as cardiac or respiratory errest, inferiors in a month of the code of the	E		College (1-4 or 5+) 1/4	e. Do NOT u	use retired.)				Mana			
DODALG W. Lymn The MALHO ADDRESS (Storet and Number of Numi Room Number, Cop or Sum, Stein, To Code) Joseph Zang 315 Hazelmoor Drive, Earleville, Maryland 21919 306 METHOD GROSSORION 1 Sum Letter of Control of the Concept) 207 PARCE AND DATE OF ROSSORION Number of Control Number of Control Contr	N N)		None		18 MOTI	HED'S NA	ME /Elmi		Cumpuma)		
19th MALINO ADDRESS (Givest and Number of Rural Routh Number City or Burn, State, Zip Code) 19th MALINO ADDRESS (Givest and Number of Rural Routh Number City or Burn, State, Zip Code) 19th MALINO ADDRESS (Givest and Number of Rural Routh Number City or Burn, State) 19th MALINO ADDRESS (Givest and Number of Rural Routh Number City or Burn, State) 19th MALINO ADDRESS (Givest and Number of Rural Routh Number of Copyrights) 19th MALINO ADDRESS (Givest and Number of Rural Routh Number of Copyrights) 19th MALINO ADDRESS (Givest and Number of Rural Routh Numb	ш	Donald W. Lynn									Surrierne)		
200. PLACE AND DATE OPENSONITION (Insert Date of Surface And And And And And And And And And And													
21. SIGNATURE OF FUNERAL SERVICE LICENSE Capitol, Crematory - June 3, 1994 Dover, Delaware 21. SIGNATURE OF FUNERAL SERVICE LICENSE								ve,	Ear		_		
VILLED V		1 Burial 2 Cremation 3 1	Removal from Stata	20b. PLACE cemetery, cr	AND DATE	OF DISPOSITION other place)	(Name of	1100	DA:	TE 20c. LO			
20 E. Main Street. Cecilton. Maryland 2013 23. PART II. Enter the diseases, or complications as caused the defin. Do not enter the mode of dying, such as cardiec or respiratory erreat, interval Bullment and the mode of dying, auch as cardiec or respiratory erreat, interval Bullment and the mode of dying, auch as cardiec or respiratory erreat, interval Bullment and the mode of dying, auch as cardiec or respiratory erreat, interval Bullment and the mode of dying, auch as cardiec or respiratory erreat, interval Bullment and the mode of dying, auch as cardiec or respiratory erreat, interval Bullment and the mode of dying, auch as cardiec or respiratory erreat, interval Bullment and the mode of dying, auch as cardiec or respiratory erreat, interval Bullment and the mode of dying, auch as cardiec or respiratory erreat, interval Bullment and the mode of dying, auch as cardiec or respiratory erreat, interval Bullment and the mode of dying, auch as cardiec or respiratory erreat, interval Bullment and the mode of dying, auch as cardiec or respiratory erreat, interval Bullment and the mode of dying, auch as cardiec or respiratory erreat, interval Bullment and the mode of dying, auch as cardiec or respiratory erreat, interval Bullment and the mode of dying and the mode of the cause of the cause			E LICENSEE	Capi	101, 0	22. NAME	AND ADDRE	SS OF FA	CILITY			1	laware
23. PART I. Enter the diseases, or complications inst caused the distillation of decisions of the cause of the control of dying, such as cardiac or respiratory errest, interval B Conset and Cause (finel disease or condition resulting in death) B. DUE TO (OR AS A CONSCOURNCE OF): DUE TO (OR AS A CONSCOURNCE OF		William I	Vina lah	,41	,								
MMEDIATE CAUSE (Finel disease or conditions, resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injuly) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): That initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): That initiated events resulting in death LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): That initiated events resulting in death LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24s. WAS AN AUTOPSY PERFORMED? ANALAGE PRIOR CONSEQUENCE OF): ANALAGE PRIOR CONSEQUENCE OF): 25. WAS CASE REFERRED TO MEDICAL ENABLISHED TO MEDICAL ENABLISHED TO MEDICAL ENABLISHED TO MEDICAL ENABLES (PRIOR OF PERFORMED) 1 YES 2 NO		23. PART I. Enter the diseases, ahock, or heert fello	or complications that tre. List only one cause	caused the d	oth. Do	not enter the r	node of dy	ing, auc	h aa car	rdlec or reepi	ratory erre	et,	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSE													
DUE TO (OR AS A CONSEQUENCE OF): That initiated events resulting in death) LAST													
DUE TO (OR AS A CONSEQUENCE OF): That initiated events resulting in death) LAST	- 1						ion						
DUE TO (OR AS A CONSEQUENCE OF): That initiated events resulting in death) LAST	Z	resulting in death)					m						
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART III. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART III. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART III. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART III. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART III. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART III. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART III. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART III. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART III. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART III. Other algnificent conditions PART III. Other algnificent condition	ATION	Sequentielly list conditions, if any, leading to immediate	đưc to ((OR AS A CONSE	EOUENCE C	PF):	m						
PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 26. PLACE OF DEATH (Check only one) 27. WANNER OF DEATH 28. DATE OF INJURY 29. TIME OF INJURY AT WORKY 29. Accident Investigation 3 Sucicle 8 Could not be detarmined detarmined 28. PLACE OF INJURY At home, farm, street, factory, office 29a. CERTIFIER (Check only one) 27. WAEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29a. CERTIFIER 1 CERTIFFING PHYSICIAN: To the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29a. CERTIFIER 1 CERTIFFING PHYSICIAN: To the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29a. CERTIFIER 1 CERTIFFING PHYSICIAN: To the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29a. CERTIFIER 1 CERTIFFING PHYSICIAN: To the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as a stated. 29a. CERTIFIER (Check only 0.9, West) 29a. CERTIFIER (Month, 0.9, West) 29a. CERTIFIER (Month, 0.9, West) 29a. CERTIFIER (Month, 0.9, West) 29a. CERTIFIER (Month, 0.9, West) 29a. CERTIFIER (Month, 0.9, West) 29a. CERTIFIER (Month, 0.9, West) 29a. CERTIFIER (Month, 0.9, West) 29a. CERTIFIER (Month, 0.9, West) 29a. CERTIFIER (Month, 0.9, West) 29a. CERTIFIER (Month, 0.9, West) 29a. CERTIFIER (Month, 0.9, West) 29a. CERTIFIER (Month, 0.9, West) 29a. CERTIFIER (Month, 0.9, West) 29a. CERTIFIER (Month, 0.9, West) 2	E	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	(OR AS A CONSE	OUENCE C	DF):	no						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 No Yes No No No No No No No N	E	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	(OR AS A CONSE	OUENCE C	DF):	no						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CERTIFI	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSE	OUENCE C	PF): PF):		alven in	Dart I	I 24- WAS AN	Alimpey	120.4	Onset and
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CAL CERTIFI	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSE	OUENCE C	PF): PF):		given in	Part I.	PERFOR	MED?		Onset and
27. MANNER OF DEATH Natural Street Pending Investigation Sq. Maccident Sq. Macro Sq. Ma	CAL CERTIFI	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSE	OUENCE C	PF): PF):		given in	Part I.	PERFOR	MED?	6	Onset and
27. MANNER OF DEATH Natural Street Pending Investigation Sq. Maccident Sq. Macro Sq. Ma	MEDICAL CERTIFI	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSE	OUENCE C	PF): PF):		given in	Part I.	PERFOR	MED?	6	Onset and
2 Accident 3 Sulcide 6 Could not be datarmined 28e. PLACE[OF INJURY — At home, farm, street, factory, office 28e. Location (Street and Number or Rural Route Number, City or Town, State) 29e. CERTIFIER Check only one) 2XXMEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as a stated. 29e. LICENSE NUMBER 29e. L	MEDICAL CERTIFI	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions.	b. DUE TO (c. DUE TO (d. Itlons contributing to ((OR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but not	COUENCE C	OF): In the underly 26.	ing ceuse (PERFOR	MED?	6	Onset and
28s. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. CERTIFIER (Check only one) 29a. CERTIFIER 1 Check only one) 29a. CERTIFIER 2 29a. CERTIFIER 1 Check only one) 29a. CERTIFIER 2 29a. CERTIFIER 1 Check only one) 29a. CERTIFIER 2 29a. CERTIFIER 3 29b. Place 3 and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 33. DATE FILED (Month, Day, Year) 34. DATE FILED (Month, Day, Year) 35. Suicide and Number of Rural Route Number (Chy or Town, State) (Month, Day, Year) 28t. LOCATION (Street and Number of Rural Route Number, Chy or Town, State) (Month, Day, Year) 29b. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	SICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 X YES 2 NO	b. DUE TO (c. DUE TO (d	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not	EQUENCE C	OF): In the underly 26. OTHER: 4 □ Nursing H	PLACE OF D	EATH (Ch	neck only o	PERFOR	RMED?	1	Onset and VERE AUTOPSY FILE WAILABLE PRIOR COMPLETION OF CO F DEATH? YES 2 A
29c. LICENSE NUMBER O. C. M. E. 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending.	b. DUE TO (c. DUE TO (d	(OR AS A CONSE (OR AS A CONSE death but not ER/Outpatient:	COUENCE C	OTHER: 4 Nursing H	PLACE OF D	EATH (Ch	neck only o	PERFOR	MED?	JRED 3	VERE AUTOPSY FINANLABLE PRIOR DOMPLETION OF CO F DEATH? YES 2 6
29c. LICENSE NUMBER O. C. M. E. 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are substantially separated by the conditions of the conditions of the cause of the	b. DUE TO (c. DUE TO (d	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but not ER/Outpatient: INJURY ER/OUTPAT At h	COUENCE COUENC	OF): In the underly 26. OTHER: 4 Nursing H ME OF JURY SOM 1	PLACE OF D ome 5 X Ra mulury AT work? YES 2	EATH (Ch	6 Oth	PERFORMANCE OF SPECIFIC OF SPE	NJURY OCCU	IRED X	VERE AUTOPSY FINANLABLE PRIOR DOMPLETION OF C DEATH? VES 2 1
29c. LICENSE NUMBER O. C. M. E. 29d. Date Signed (Month, Day, Year) MAY 27, 1994 29d. Date Signed (Month, Day, Year) MAY 27, 1994 29d. Date Signed (Month, Day, Year) MAY 27, 1994 29d. Date Signed (Month, Day, Year) NAME and Address of Person who completed cause of Death (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21 31. Date Filed (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are substantially separated by the conditions of the conditions of the cause of the	DUE TO (c. DUE TO (d	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (INJURY — At haft, (Specify)	COUENCE COUENC	OF): In the underly 26. OTHER: 4 Nursing H ME OF JURY SOM 1	PLACE OF D ome 5 X Ra mulury AT work? YES 2	EATH (Ch	6 Oth	PERFORMANCE OF SPECIFIC OF SPE	NJURY OCCU	IRED X	VERE AUTOPSY FINANLABLE PRIOR DOMPLETION OF C DEATH? VES 2 1
29c. LICENSE NUMBER O. C. M. E. 29d. Date Signed (Month, Day, Year) MAY 27, 1994 29d. Date Signed (Month, Day, Year) MAY 27, 1994 29d. Date Signed (Month, Day, Year) MAY 27, 1994 29d. Date Signed (Month, Day, Year) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21 31. Date Filed (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and investigations are conditionally as a condition of the conditions are conditionally as a conditional conditional conditions are conditionally as a conditional condition	DUE TO (c. DUE TO (d. Itions contributing to (Itina contributing to (Itions contributing to (Itions contributi	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but not ER/Outpetient: INJURY F INJURY — At hatc. (Specify) my knowledge, d	COUENCE COUENC	26. OTHER: 4 Nursing H ME OF Street, factory, of	PLACE OF Dome 5 X RainJury AT WORK? YES 2 Street	EATH (Charledonca	6 Oth 28d. DE On U 26t. LOCIN	PERFOR VES 2 XXVES 2 One) Or (Specify) SCRIBE NOW II CATION (Street a yor Town, State)	NJURY OCCL	IRED &	Onset and VERE AUTOPSY FIT WAILABLE PRIOR COMPLETION OF C OF DEATH? YES 2 N VIEW VIEW AUTOPSY VIEW AUTOPSY VIEW AUTOPSY AUTOPSY
MALIAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MALIAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 2: 31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE	BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and investigations are conditionally as a condition of the conditio	b. DUE TO (c. DUE TO (d	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but not ER/Outpetient: INJURY F INJURY — At hatc. (Specify) my knowledge, d	COUENCE COUENC	26. OTHER: 4 Nursing H ME OF Street, factory, of	PLACE OF Dome 5 X RainJury AT WORK? YES 2 Street	EATH (Charledonca	6 Oth 28d. DE On U 26t. LOCIN	PERFOR VES 2 XXVES 2 One) Or (Specify) SCRIBE NOW II CATION (Street a yor Town, State)	NJURY OCCL	IRED &	Onset and VERE AUTOPSY FII WAILABLE PRIOR I COMPLETION OF CO F DEATH? YES 2 N VIEW VIEW AUTOPS VIEW AUTOPSY CO CO CO CO CO CO CO CO CO C
MALGAMON A. Work by 111 Penn Street, Baltimore, Maryland 2:	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and investigations are conditionally as a condition of the conditio	b. DUE TO (c. DUE TO (d	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but not ER/Outpetient: INJURY F INJURY — At hatc. (Specify) my knowledge, d	COUENCE COUENC	26. OTHER: 4 Nursing H ME OF Street, factory, of	PLACE OF Dome 5 X RainJury AT WORK? YES 2 Stilles and place at and place a death occur	EATH (Characteristics) NO	6 Oth 28d. DE Onc. 28d. LOC Ch ch to the cs	PERFOR VES 2 XXVES 2 One) Or (Specify) SCRIBE NOW II CATION (Street a yor Town, State)	NJURY OCCU	PRED L. COUSE (a) I. CRUSS(a) I. CRUSS(b) I. SIGNED (A)	Onset and VERE AUTOPSY FII WAILABLE PRIOR I DOMPLETION OF C OF DEATH? YES 2 N VIEW Number, CONTROL R Worth, Day, Year)
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and investigations are conditionally and investigations are conditionally and investigations. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 6 Could not datarmine 29a. CERTIFIER Check only one) 2 X MEDICAL EXAMINER AND TITLE OF CERTIFIER	b. DUE TO (c. DUE TO (d	(OR AS A CONSE (OR AS A CONSE	COUENCE COUENC	OTHER: 4 Nursing H ME OF JURY 1 street, factory, of	PLACE OF Dome 5 X RainJury AT WORK? YES 2 Stilles and place at and place a death occur	EATH (Characteristics) NO	6 Oth 28d. DE Onc. 28d. LOC Ch ch to the cs	PERFOR VES 2 XXVES 2 One) Or (Specify) SCRIBE NOW II CATION (Street a yor Town, State)	NJURY OCCU	PRED L. COUSE (a) I. CRUSS(a) I. CRUSS(b) I. SIGNED (A)	Onset and VERE AUTOPSY FII WAILABLE PRIOR I DOMPLETION OF C OF DEATH? YES 2 N VIEW Number, CONTROL R Worth, Day, Year)
	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and investigating in death and investigating in death and investigating in death and investigating inv	b. DUE TO (c. DUE TO (d	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (IN JURY — At hard of the consense of the cons	COUENCE C C COUENCE C C C C C C C C C C C C C C C C C C C	OTHER: 4 Nursing H ME OF JURY 1 street, factory, of red at the time, doon, in my opinion	PLACE OF D Ome 5 X Ra NJURY AT WORK? YES 2 Wilca ste and place death occur 29c. LICE	EATH (Charledonca No	eck only of the case of time, dat	PERFOR VES 2 V	NJURY OCCL IN A and Number of Second due to the 29d. DATE MA	PRED LA CRUBA POLICE SIGNED (N Y 2	Onset and Vere autopsy File Wall Able Prior COMPLETION OF C OF DEATH? YES 2 N Outsylect Vice Number, Code Rd And menner as at Worth, Day, Veri) 7,1994

-. ITEM: 23PART I,27,28a,b,c,d,e,f per MEO KENT CO.HEALTH DEPT. JK

1	t. DECEDENT'S NAME (F	rirst, Middle, Las		E				ZATAT		2. DATE MONT MA	OF DEATH	AY	94AR	3. TIME OF DEATH
	DEREK 4. SOCIAL SECURITY NU	IMBED	WAYN 5. SEX	6. AGE (In yrs.	do al bilati da l			YNN				/		1:45
	219-96-555		1 X M 2 F	13	He Some.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE (Mont)	1 24, 1	001	Cour	INPLACE (State or Fore Ptry) ryland
	98. FACILITY NAME (If no		111	13	.,,,,,	9h CITY	/ TOWN C	DR LOCATION	ON OF DE		1 24, 1		NTY OF	3
<u>د</u>	6 SOFTWO			AT HOME)			VILL		AIN				COUNTY
5	RESIDENCE OF D	ECEDENT		II IIOIII		LLA		A T TI TI				CE	CIL	COUNTI
DIRECTOR	10a. STATE	10b, COUR			10c. Cl	TY, TOWN								10d, INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMB		Cecil			Ea	-	ville						t YES X N
RA	106 Softwo		ad - Cryst	al Rea	ch		101	f. ZIP CODE	919					d States
FUNERAL	11. MARITAL STATUS	704 1101	12. WAS DECEDEN			13.	WAS DEC			IIC OBIGI	17 (Specify Yea			CE — American Indian
B	1 Never Married 2 3 Widowed 4 C		FORCES?	YES 2 HAR OR DATES	ANO		If yes, sp	ecify Cuba	n, Maxica Specifi	n, Puerlo	Rican, etc.)	0,110-	Bie	ck, White, etc. odly:
8		DECEDENT'S Et			DECEDENT'S	work done	CCUPATIO	ON ost of working	ıa	16b	. KIND OF BU	SINESS/INC		
LET	Elementary/Secondar	y (0-12)	College (1-4 or 5	+)	life. Do NOT L	use retired.)								
COMPL	17. FATHER'S NAME (First	A Address 1			None						No			
	Donald W.							100000		ME (First, i	Middle, Meiden	Sumame)		
BE	19a. INFORMANT'S NAME				19b, MAII IM	G ADDRES	S (Streat				ber, City or Tow	m State 71-	Codel	
2	Joseph Zar													nd 21919
	20a, METNOD OF DISPO			20b.PLAC	CE AND DATE	OF DISPOS	SITION (Na		_,	DAT	_		~	Town, State
	t ☐ Buriel 2 ACreme 4 ☐ Donation 5 ☐ Ot	ther (Specify)	emoval from State	Cap	itol	other plece)	ator	y Ju	ne 3.	1		er, I)ela	ware
	21. SIONATURE OF FUNE			1 ,	DAL	22.	NAME A	ND ADDRE	S OF FA	CILITY				
					W W 15		FO	OFTO	47 222 4	Tone	Homos	D A	1	
	23. PART i. Enter the	e diseasea, o r heart fallun (Final	a. Sm	et caused the use on each II	Inb	not enter	226 the mo	E. Ma	in St	reet,	Homes Cecilta dlec or reap	on, Me	ryla	Interval Bat
ITIFICATION	23. PART I. Enter the shock, or immediate CAUSE (disease or condition resulting in death) Sequentially list con if any, laeding to immediate. Enter UNDER CAUSE (Disease or it that initiated events	e diseases, or heart failund (Final) dittions, mediate liLYING injury	a. DUE TO	on each I	SEOUENCE C	not enter	226 the mo	E. Ma	in St	reet,	Cecilt	on, Me	ryla	Approximation Interval Bar
MEDICAL CERTIFICATION	23. PART I. Enter the shock, or IMMEDIATE CAUSE (disease or condition reaulting in death) Sequentially list con if any, laeding to improve cause. Enter UNDER CAUSE (Disease or in the shock in the sho	e diseases, or heart failund (Final) dittions, mediate liLYING injury AST	a	O (OR AS A CONS	SEQUENCE C	not enter	226 r the mo	E. Mande of dyl	in St	reet,	Cecilt	On, Mairatory and Autopsy	eryla	Approximat Interval Bat Onset and I Onset
MEDICAL	23. PART I. Enter the shock, or immediate CAUSE (disease or condition resulting in death) Sequentially list con if any, laeding to immicause, Enter UNDER CAUSE (Disease or ithat initiated events resulting in death) L PART II. Other significant controls and cause.	e diseases, or heart failund final f	a	O (OR AS A CONS	SEQUENCE C	not enter	226 r the ma	E. Ma	in St	reet,	Cecilti diec or reapi 24a. WAS AN PERFOR 1 VES 2	On, Mairatory and Autopsy	eryla	Approximat Interval Bat Onset and i Onset and i No. WERE AUTOPSY FINI AWALLABLE PRIOR TO COMPLETION OF CA.
ICIAN: MEDICAL	23. PART I. Enter the shock, or immediate CAUSE (disease or condition resulting in death) Sequentially list con if any, laeding to immicause. Enter UNDER CAUSE (Disease or ithat initiated events resulting in death) L PART II. Other alignifications.	e diseases, or heart failund final f	a. DUE TO C. DUE TO d. Ona contributing to	O (OR AS A CONS	SEQUENCE C	not enter	226 r the mo	E. Ma	in St ng, suc	Part I.	Ceciltudec or reapi	On, Mairatory and Autopsy	eryla	Approximat Interval Bat Onset and I Onset
HYSICIAN: MEDICAL	23. PART I. Enter the shock, or IMMEDIATE CAUSE (disease or condition reaulting in death) Sequentially list con if arry, laeding to limicause. Enter UNDER CAUSE (Disease or i that initiated events resulting in death) L PART II. Other aigniff	e diseases, or heart failund final f	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: t Inputant 2 (28a, DATE Of	O (OR AS A CONSIDERATION OF CONSIDERATIO	SEQUENCE C	or the unit of the	226 r the mo	g cause g	in St ng, suc	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	eat,	Approximat Interval Bat Onset and I Onset
PHYSICIAN: MEDICAL	23. PART I. Enter the shock, of immediate CAUSE (disease or condition resulting in death) Sequentially list con if any, laeding to immicause, Enter UNDER CAUSE (Disease or ithat initiated events resulting in death) L PART II. Other algniff 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Netural	e diseases, or heart failun (Final dittiona, mediate ILYING injury AST D TO MEDICAL	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: t Inputant 2 (Month, L	O (OR AS A CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONS	SEQUENCE C	not enter	226 r the mo	g cause of	in St ng, suc	Part I.	Ceciltudec or reapi	AUTOPSY MED?	eat,	Approximat Interval Bat Onset and I Onset
D BY PHYSICIAN: MEDICAL	23. PART I. Enter the shock, of IMMEDIATE CAUSE (disease or condition reaulting in death) Sequentially list con if arry, laeding to limit cause. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L PART II. Other aigniff 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Natural 2 Accident 3 Suicide 6	e diseases, or heart failun (Final Aditiona, mediate LLYING injury AST Ricant conditi	b. DUE TO c. DUE TO d. Ona contributing to HOSPITAL: t Inputent 2 28e, PLACE to	O (OR AS A CONSTITUTE OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY	SEQUENCE CONTROL OF THE PROPERTY OF THE PROPER	OFFI: OF	226 r the mo	g cause of	in St ng, suc	Part I.	24s. WAS AN PERFORM 1 TYES 2	AUTOPSY MED? I NO	cured / / / / or or Rural / or or or Rural / or or or Rural / or or or Rural / or or or Rural / or or or Rural / or or or or or or or or or or or or or	Approximatinterval Bat Onset and I Onset a
TED BY PHYSICIAN: MEDICAL	23. PART I. Enter the shock, of immediate CAUSE (disease or condition resulting in death) Sequentially list con if any, laeding to immicause, Enter UNDER CAUSE (Disease or ithat initiated events resulting in death) L PART II. Other algniff 25. WAS CASE REFERRER EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Natural SACIONER.	e diseases, or heart failun (Final Aditiona, mediate ILYING injury AST Ticant conditi	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: t Inputlant 2 (Month, Inc.) 28a, DATE Of (Month, Inc.) 28a, PLACETO	O (OR AS A CONSTITUTE OF THE PRINTERS OF THE P	SEQUENCE CONTROL OF THE PROPERTY OF THE PROPER	OFFI: OF	226 r the mo	g cause of	in St ng, suc	Part I. Beck only or B Other 28f. Loo City	24a. WAS AN PERFORM 1 TO YES 2 ATION (Street or Town, State)	AUTOPSY MED? I NO	cured / / / / or or Rural / or or or Rural / or or or Rural / or or or Rural / or or or Rural / or or or Rural / or or or or or or or or or or or or or	Approximat Interval Bat Onset and I Onset
TED BY PHYSICIAN: MEDICAL	23. PART I. Enter the shock, or induction reaulting in death) Sequentially list con if any, laeding to improve that initiated events resulting in death) L PART II. Other algniff 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Natural 2 Accident 3 Suicide 6 4 Nomicide 29e. CERTIFIER (Check only 1 C	e diseases, or heart failun (Final Aditiona, mediate injury AST (Iteant conditional injury Could not be determined	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO 28a, PLACE building VSICIAN: To the best of	O (OR AS A CONSTITUTE OF INJURY — At .c. (Specify)	SEQUENCE COSEQUENCE CO	or HE 4 Num ME OF JUNY PM street, tac	226 r the mo	g cause of the state of the sta	in St. ng, suc	Part I. Back only or Ball Other Ball Other Ball City City City Control Control Co	24s. WAS AN PERFORM 1 To YES 2 ATION (Street or Yown, State)	AUTOPSY MED? I NO NJURY OC AND NUMBER I NO	cured / / / / / / / / / / / / / / / / / / /	Approximatinterval Bat Onset and I Interval Bat Onset and I I Interval Bat Onset and I I I I I I I I I I I I I I I I I I I
TED BY PHYSICIAN: MEDICAL	23. PART I. Enter the shock, or induction reaulting in death) Sequentially list con if any, laeding to improve that initiated events resulting in death) L PART II. Other algniff 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Natural 2 Accident 3 Suicide 6 4 Nomicide 29e. CERTIFIER (Check only 1 C	e diseases, or heart failun (Final Aditiona, mediate injury AST (Iteant conditional injury Could not be determined	a. DUE TO b. DUE TO c. DUE TO d. Ona contributing to HOSPITAL: t Inpetient 2 28a, PATE Of (Month, I	O (OR AS A CONSTITUTE OF INJURY — At .c. (Specify)	SEQUENCE COSEQUENCE CO	or HE 4 Num ME OF JUNY PM street, tac	226 r the mo	g cause of the state of the sta	in St. ng, suc	Part I. Back only or Ball Other Ball Other Ball City City City Control Control Co	24s. WAS AN PERFORM 1 To YES 2 ATION (Street or Yown, State)	AUTOPSY MED? I NO NJURY OC AND NUMBER I NO	cured / / / / / / / / / / / / / / / / / / /	Approximatinterval Bat Onset and I Interval Bat Onset and I I Interval Bat Onset and I I I I I I I I I I I I I I I I I I I
COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the shock, or induction reaulting in death) Sequentially list con if any, laeding to improve that initiated events resulting in death) L PART II. Other algniff 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Natural 2 Accident 3 Suicide 6 4 Nomicide 29e. CERTIFIER (Check only 1 C	e diseases, or heart failun (Final Aditiona, mediate ILYING Injury AST Itcant conditi D TO MEDICAL Pending Investigation Could not be determined	a. DUE TO b. DUE TO c. DUE TO d. Ona contributing to HOSPITAL: t Inpatient 2 (Month, I building.	O (OR AS A CONSTITUTE OF INJURY — At .c. (Specify)	SEQUENCE COSEQUENCE CO	or HE 4 Num ME OF JUNY PM street, tac	226 r the mo	g cause g LACE DF D TO SX X VIII TO SITE OF THE SX X VIII TO STATE OF THE SX X VIIII TO STATE OF THE SX X VIII TO STATE OF	in St. ng, suc	Part I. Bock only or Both Description Both De	24s. WAS AN PERFORM 1 TYPES 2 ATION (Street or Yown, State)	AUTOPSY MED?	cured,	Approximatinterval Bat Onset and I Interval Bat Onset and I I Interval Bat Onset and I I I I I I I I I I I I I I I I I I I
BE COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the shock, of IMMEDIATE CAUSE (disease or condition reaulting in death) Sequentially list con if any, laeding to import the cause. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L PART II. Other algniff 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Natural 2 Accident 3 Suicide 6 4 Nomicide 298. CERTIFIER (Check only one) 2 X M	e diseases, or heart failund final file failund file fail	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO A. DUE TO A. DUE TO DUE TO	O (OR AS A CONSTITUTE OF INJURY AT C. (Specify) If my knowledge, examination end/	SEQUENCE COSEQUENCE CO	or the unit of the	226 r the mo	g cause of the state of the sta	in St. ng, suc	Part I. Part I. Bock only or Bothe 28d. DES City Colly Col	24s. WAS AN PERFORM 1 TYPES 2 ATION (Street or Yown, State)	AUTOPSY BMED? In NO In NO In No I	CURED OF PURPLE	Approximation interval Bar Onset and
COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the shock, of IMMEDIATE CAUSE (disease or condition reaulting in death) Sequentially list con if any, laeding to import the cause. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L PART II. Other algniff 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Natural 2 Accident 3 Suicide 6 4 Nomicide 298. CERTIFIER (Check only one) 2 X M	e diseases, or heart failund final failund f	a. DUE TO b. DUE TO c. DUE TO d. Ona contributing to HOSPITAL: t Inpatient 2 (Month, I building.	O (OR AS A CONSTITUTE OF INJURY AT C. (Specify) If my knowledge, examination end/	SEQUENCE CONTROL SEQUEN	or HE OTHE A Num ME OF JURY PM street, tac	226 r the mo	g cause of c	in St. ng, sucception in process of the state of the sta	Part I. Part I. Bock only or	24a. WAS AN PERFORM 1 YES 2 ATION (Street or Town, State) ATION (Street or Town, State) and place, and place, and	AUTOPSY and Number as stand due to the Marian Maria	CURED OF ALCOHOLD TO THE SIGNE E SIGNE	Approxima Interval Ba Onset and Onse

un transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 nours after death. Page 6 may be retained by the hospit TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 8 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be defined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1		•	FOR STATE REGISTR	AF
	1.	D	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4. SOCIAL SICURITY MANNER 1. SEX 4. SOCIAL SICURITY MANNER 1. SEX 4. SOCIAL SICURITY MANNER 1. SOCIAL SICURITY OF CORDINATOR 1. SOCIAL SICURITY OF SICURITY OF CORDINATOR 1. SOCIAL SICURITY OF CORDINATOR 1. SOCIAL SICURITY OF CORDINATOR 1. SOCIAL SICURITY OF CORDINATOR 1. SOCIAL SICURITY OF SIC	REGISTRAR		CERTII	FICATE OF	DEATH	REG. N	IO.	
4. SOUL SECURITY WARREN SERVER AND CONTROL SECURITY WARREN SERVER AND CONTROL SECURITY WARREN SERVER AND CONTROL OF BLANK STORM ON A DOORS SERVER AND CONTRO	1. DECEDENT'S NAME (First, Middle, Las	0						3. TIME OF DEATH
217 44 2263	Sharon D.	Miller						
390 South River Landing Rd. SEQUENTS OF DECORAGE 196 AND PROCESSORY 196 AND PROCESSORY 196 AND PROCESSORY 197 AND ACCOUNTY 197 AND ACCOUNTY 198 AND A	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday		1			BIRTHPLACE (State or Foreign
390 SOUTH River Landing Rd. Begewater South River Landing Rd. Begewater South River Landing Rd. South River Landing	217 44 2263	1 M 2 TF	48 YRS.	MONTHS DAYS	HOURS MIN.			
390 South River Landing Rd. Edgewater Me. CITY. TOWN ON LOCATION BETWEEN HOLDS AND A CONSTRUCTION ON LOCATION BETWEEN HOLDS AND A CONSTRUCTION ON LOCATION BETWEEN HOLDS AND A CONSTRUCTION ON LOCATION Web. CITY. TOWN ON LOCATION BETWEEN HOLDS AND A CONSTRUCTION ON LOCATION Web. CITY. TOWN ON LOCATI		street end number)	40	SP CITY TOWN	OR LOCATION OF D			
THE SIDE OF DECEMBENT THE SAME IN SECURITY AND SOUTH RIVER LANDING RD AND SOUTH RIVER LANDING RD THE STREET AND NUMBER 390 SOUTH RIVER LANDING RD THE STREET AND NUMBER 390 SOUTH RIVER LANDING RD THE STREET AND NUMBER 390 SOUTH RIVER LANDING RD THE STREET AND NUMBER THE STREET AND NUMBER 390 SOUTH RIVER LANDING RD THE STREET AND NUMBER (THE AND NUMBER CONTROL COUNTRY) THE STREET AND NUMBER (THE AND NUMBER COUNTRY) THE STREET AND NUMBER (THE AND NUMBER COUNTRY) THE STREET AND NUMBER STREET		411	n 1			LAITI		
Mary Anne Arundel		Landing	Kd.	Edgev	vater		Anne	Arundel
Maryland Anne Arundel Edgewater 10. Was percent for the street and humbers 390 South River Landing Rd. 11. MAND RECEDENT LEAR IN U.S. MAND 12. MAND OF CORDET LEAR IN U.S. MAND 13. MAND RECEDENT LEAR IN U.S. MAND 14. MAND RECEDENT LEAR IN U.S. MAND 15. MAND RECEDENT LEAR IN U.S. MAND 16. Monorable 1 Learning L		ITY	10c, C	ITY. TOWN OR LOCA	TION			104 INSIDE CITY
THE STREET AND NUMBERS 390 SOUTH RIVET Landing Rd. 11. MANITAL STATUS 11. MANITAL STATUS 12. MAS DECEMBERT STATUS 12. MAS DECEMBERT STATUS 13. MAS DECEMBERT STATUS 14. MAS DECEMBERT STATUS 15. MAS DECEMBERT STATUS 16. MAS DECEMBERT STATUS 17. FEATHERS MARKE (For MASS) 18. DECEMBERT STATUS 18. DE	Manual and I Ama	. A 1 1		_				LIMITS?
United States United State		e Arundel	EC					
11. MANTAL STATUS The week Married 28/3 Merried The week Married 28/3 Merried The week Married 28/3 Merried The Week M				10	II. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
The Market of SQNaterials FORCES 1 TES 2 SQNO State The SQNO SQNO	390 South Rive:	r Landing	Rd.	- 31		21037	Uni	ted States
Windowed Diverside Diverside PYES, GIVE WAN ON DATES No 1 YES 20000 No Shooty White No Shooty White No Shooty White No Shooty White No Shooty White No Shooty White No Shooty White No Shooty White Shooty White Shooty White Shooty White Shooty White Shooty White Shooty White Shooty White Shooty White Shooty White Shooty White Shooty White Shooty White Shooty White Shooty White Shooty Shooty White Shooty S		12. WAS DECEDEN	T EVER IN U.S. ARMED				Yes or No- 1	4. RACE - American Indian,
10. DOCCOMENT & DUCATION (Glocity only highest grots complication) (Elementary School Teacher) (Che bind of work to accompliance) (Che bind of work to accom		IF YES, GIVE V	MAR OR DATES					
(Give into given to too dearly most of working (First Models (Let)) Court	3 Widowed 4 Divorced		No		2001	No		
Elementary School. Teacher Anne Arundel County Transers Name (Prox. Modes, Last)	15. DECEDENT'S ET	DUCATION				16b. KIND OF I	BUSINESS/INDUS	STRY
TRANSPORT NAME (Pirat, Madition, Last) James Curtis Davis 196. MALING ADDRESS (Street and Number of Pirats Name (Pirat, Madition, Mariano) James Curtis Davis 196. MALING ADDRESS (Street and Number of Pirats Name (Pirat, Madition, Mariano) John David Miller 390. South River Landing Rd. Edgewater Md. 21037 290. METHOD OF DIPARTAL 3 Ceremetters 3 Pharmovel from State 10 Bruint 3 Cremetters 3 Pharmovel from State 10 Bruint 3 Cremetters 3 Pharmovel from State 200. MICHOS OF DIPARTAL 5 Committers 3 Pharmovel from State 210. MALING ADDRESS (Street and Number of Pirats Number (Pirats), Street, 2pt of Year			IIIn Do NOT	r work done during m use retired.)	ost of working	7		
17. ATMERS NAME (FIRE, Modes, Lavis) 19. MOTHERS NAME (Fire, Modes, Navien Survey) 19. MALING ADDRESS (Since and Navier or Navier of Review) 19. MALING ADDRESS (Since and Navier or Navier of Review) 19. MALING ADDRESS (Since and Navier or Navier or Review) 19. MALING ADDRESS (Since and Navier or Navier or Navier or Review) 19. MALING ADDRESS (Since and Navier or Navier or Navier or Review) 19. MALING ADDRESS (Since and Navier or Navier				ary Scho	ol Teach	Anne	Arunda	1 County
James Curtis Davis The Informant's NAME (Propried) John David Miller 390 South River Landing Rd. Edgewater Md. 21037 200, METHOD OF DIPPORTION 108 DAVID MILLS Gremation 3 Removal from State 200 Propried Comment Comment Comment Comment Comment 201 David 2 Gremation 3 Removal from State 202 David Miller 203, METHOD OF DIPPORTION 204 David Miller 205, METHOD OF DIPPORTION 205, METHOD OF DIPPORTION 206, METHOD OF DIPPORTION 207, METHOD OF D	17. FATHER'S NAME (First. Middle, Last)		Latement	July Delle				of county
The INFORMANT'S NAME (TyperPrint) 196. MALING ADDRESS (Street and Number or Trust Rolls Number, City or Town, State, 2p Cools) 390. South River Landing Rd. Edgewater Md. 21037 230. METHOD OF PROPERTIES 10 Entering 1 2 Censelation 3 Removal from State 4 Censelation 3 Removal from State 4 Censelation 3 Removal from State 4 Censelation 3 Removal from State 4 Censelation 3 Removal from State 4 Censelation 3 Removal from State 4 Censelation 3 Removal from State 4 Censelation 3 Removal from State 4 Censelation 3 Removal from State 4 Censelation 3 Removal from State 4 Censelation 5 PAT A Davidsonville Md. 21. SIGNATURE OF PURERAL SETTICE LICENSEE 22. PART I. Enter the disease, or complications that caused the glasth. Do not enter the mode of dying, such as cardiac or respiratory strest, interval Bark 16 MMEDIATE CAUSE (Final tellure. List only one cause on each line. A provide disease or condition, a provide of the condition of the state of the condition of th							,	1.
John David Miller 390 South River Landing Rd. Edgewater Md. 21037 20s, MERIDO OF DISPOSITION Control of Committee Committe		avis						
20. MACRE OF DEATH 20. MACRE OF DEATH 20. LOCATION - City or Town, Stele 20. LOCATION - City or Town, Stele 21. SIGNATURE OF STRUCK LICENSEE 22. PART I. Enter the diseases, or complications that caused the distribution of the diseases or condition 23. PART I. Enter the diseases, or complications that caused the distribution of the caused of the distribution of the caused of the distribution of the caused of the distribution of the caused of the distribution of the caused of the distribution of the caused of the distribution of the caused of the distribution of the caused of the distribution of the caused of the distribution of the caused of the distribution of the caused of the distribution of the caused of the distribution of the caused of the distribution of the caused of the distribution of the caused of the caused of the distribution of the distribution of the caused of the distribution of the caused of								
1 SE BUTE 2 Chremation 3 Removal from State Converting, commutery other place?	John David Mil	ler	390	South Ri	ver Land	ling Rd. E	dgewate	er Md. 21037
Lakemont Memorial Gardens 7/1/94 Davidsonville Md.		movel from State			lame of	DATE 20c.	LOCATION - CH	ty or Town, State
22. NAME AND ADDRESS OF FACILITY Beall—Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 20715 16000 Annapolis Rd.		THOUGH THOM STATE	Lakemont	Memoria	1 Garden	8 7/1/94	Davideo	nville Md
23. PART I. Enter the diseases, or complications that ceused the glath. Do not enter the mode of dying, such as cardiac or respiratory servest, approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME A	ND ADDRESS OF F	ACILITY	Davidoo	HVIIIC Hu.
23. PART I. Enter the diseases, or complications that ceused the glath. Do not enter the mode of dying, such as cardiac or respiratory servest, approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying, such as cardiac or respiratory servest. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of dying. Approximate inference of	101.7	0 6	, P	Bea1	1-Evans	Funeral H	ome. P.	A.
22. PART I. Enier the diseases, or complications that caused the defail. Do not enter the mode of dying, such as cardiac or respiratory street, indicated such as a cardiac or respiratory street. Approximate indicated such as a consequence of the cause	THUVU.	C. C	lama IN	1600	O Annapo	lis Rd. B	owie Md	. 20715
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	disesse or condition	a			+			442 111
If siny, leading to immediate course. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DATE OF TO (OR AS A CONSEQUENCE OF): DATE OF TO (OR AS A CONSEQUENCE OF): DATE OF TO (OR AS A CONSEQUENCE OF): DA				J. 7.				
DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR		b. DUE TO	OR AS A CONSEQUENCE	OFI:				
DUE TO (OR AS A CONSEQUENCE OF): DUE TO			(**************************************	o.,.				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPOSED 1	CAUSE (Disease or injury	C. DUE TO	OR AS A CONSEQUENCE	O.F.				
PART II. Other significant conditions contributing to death but not reculting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPORTION OF CAUSE PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28a. DATE OF INJURY AT WORK? 27. MANNER OF DEATH 28a. DATE OF INJURY NORK? 27. MANNER OF DEATH 28a. DATE OF INJURY NORK? 28b. PLACE OF INJURY NORK? 27a. Accident Sinvestigation Sinvestigation determined determined determined determined determined determined determined settlements. (Check only one) 28b. PLACE OF INJURY AT WORK? 29c. CERTIFIER (Check only one) 28c. PLACE OF INJURY AT NORK? 28c. INJURY NORK? 28c. INJURY NORK? 28c. INJURY NORK? 28c. INJURY NORK? 28c. INJURY NORK? 28c. INJURY OCCURED 28c. CERTIFIER (Check only one) 28c. PLACE OF INJURY At home, farm, street, factory, office 28c. INJURY Norw, State) 28c. PLACE OF INJURY At home, farm, street, factory, office 28c. INJURY Norw, State) 28c. PLACE OF INJURY At home, farm, street, factory, office 28c. INJURY Norw, State) 28c. CERTIFIER (Check only one) 28c. PLACE OF INJURY At home, farm, street, factory, office 28c. INJURY Norw, State) 28c. PLACE OF INJURY At home, farm, street, factory, office 28c. INJURY Norw, State) 28c. PLACE OF INJURY AT NORK? 28c. CERTIFIER (Check only one) 28c. PLACE OF INJURY At home, farm, street, factory, office 28c. INJURY Norw, State) 28c. PLACE OF INJURY AT NORK? 28c. PLACE		562 10	(OII AS A CONSEQUENCE	orj.				
28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28. DATE OF INJURY WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY OCCURED 28. DATE OF INJURY OCCURED 28. DATE OF INJURY OCCURED 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY OCCURED 28. DATE SIGNED (Morth, Day, Year) 29. CERTIFIER (Check only one) 28. DATE OF INJURY AT WORK? 29. CERTIFIER (Check only one) 28. DATE OF INJURY OCCURED 28. DATE SIGNED (Morth, Day, Year) 29. DATE SIGNED (Morth, Day, Year) 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. LICENSE NUMBER		d						
28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28. DATE OF INJURY WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY OCCURED 28. DATE OF INJURY OCCURED 28. DATE OF INJURY OCCURED 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY OCCURED 28. DATE SIGNED (Morth, Day, Year) 29. CERTIFIER (Check only one) 28. DATE OF INJURY AT WORK? 29. CERTIFIER (Check only one) 28. DATE OF INJURY OCCURED 28. DATE SIGNED (Morth, Day, Year) 29. DATE SIGNED (Morth, Day, Year) 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. LICENSE NUMBER	PART II. Other significant conditi	ons contributing to	death but not recuiting	in the underlying	ng cause given in	Part I. 24e, WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDI
25. WAS CASE REFERRED TO MEDICAL EXAMINER: YES 2 NO						PERF	ORMED?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1						1 🗆 YES	3-0 NO	
HOSPITAL:								1 TYES 2 NO
EXAMINER? 1 YES 2 NO 1 Inpatient 2 EN/Outpatient 3 DOA 4 Nursing Home 5 Recidence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. DATE OF INJURY M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office chy or fown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office chy or fown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office chy or fown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office chy or fown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office chy or fown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office chy or fown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office chy or fown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office chy or fown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office chy of farm, street, factory, offic								
1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending investigation 2 B. DATE OF INJURY Decirio North, Day, Year) 28b. TIME OF INJURY North, Day, Year) 28c. INJURY AT WORK? 1 YES 2 NO 28a. PLACE OF INJURY North, Day, Year) 28b. TIME OF INJURY North, Day, Year) 28c. INJURY AT YES 2 NO 28a. PLACE OF INJURY At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Other Control of Town, State) Oth		HOSPITAL .			LACE OF DEATH (C	heck only one)		
1 Natural 2 Accident 3 Sulcide 4 Could not be datarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se state 29b. SIGNATURE AND TITLE OF CERTIFIER COULD SULF SIGNATURE AND TITLE OF CERTIFIER SULF SIGNATURE AND TITLE OF CERTIFIER SULF SIGNATURE AND TITLE OF CERTIFIER SULF SIGNATURE AND TITLE OF CERTIFIER SULF SIGNATURE	1 TYES 2 NO		☐ ER/Outpatient 3 ☐ DOA		me 5 Reeldence	6 Other (Specify)		
1 Netural 2 Accident 3 Suleide 4 Could not be data-mined 2 Souldide, stc. (Specify) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 3 Netural 3 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4 Note of the time, date end place, end due to the cause(e) end menner ee stated. 2 Note of the time, date end place, end due to the cause(e) end menner ee stated. 3 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	. /					28d. DEŞCRIBE HO	W INJURY OCCU	RED
28s. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 5 Could not be datermined 28s. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide City or fown, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State) 28s. LOCATION (Street and Number or Rural Route Number, City or fown, State)	- Incomplete							
4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 5 City or Town, State) City or Town, State) City or Town, State) City or Town, State) 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee atated. The medical Examiner: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee atated. 29e. SIGNATURE AND TITLE OF CERTIFIER AUGUST SIGNED (Mogth, Day, Year) 10 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 11 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee atated. 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29d. DATE SIGNED (Mogth, Day, Year) 29d. DATE SIGNED (Mogth, Day, Year) 29d. DATE SIGNED (Mogth, Day, Year) 29d. DATE SIGNED (Mogth, Day, Year) 29d. DATE SIGNED (Mogth, Day, Year) 29d. DATE SIGNED (Mogth, Day, Year) 29d. DATE SIGNED (Mogth, Day, Year)	2 Culaida	28a. PLACE C	OF INJURY — At home, farm	, atreet, factory, offi	ca	281. LOCATION (Stre	et end Number or	Rural Route Number.
(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee ateted. 29b. SIGNATURE AND TITLE OF CERTIFIER COUNTY (I) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 33. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	- Codia Not b	bullding,	, atc. (Specify)			City or Town, Sta	ete)	
(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee ateted. 29b. SIGNATURE AND TITLE OF CERTIFIER COUNTY (I) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 33. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	29e, CERTIFIER							
29b. SIGNATURE AND TITLE OF CERTUFIER Selections of DEATH (ITEM 27) (Type, Print) STOUTH EXAMINER: On the Deale of examination end/or investigation, in my opinion, death occurred at the time, date end piace, and due to the cause(e) and menner se state 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Vear) Carrier 29d. DATE SIGNED (Morith, Day, Vear) Carrier 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Carrier 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Carrier Carr	(Check only							
Heart E. Selonilly U.O. 19838 ► 6/29/94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Study E. Selonilly U.O. 900 Bestgate Annapolis Uld	2 MEDICAL EXAMI	NER: On the basis of s	examination end/or investige	tion, in my opinion,	death occured at the	e time, date end place,	end due to the	ceuse(s) end menner se state
Study E. Seloully U.O. 019838 • 6/29/94 Study E. Seloully U.O. 900 Bestgate Annapolis Ud	296. SIGNATURE AND TITLE OF CERTIF	IER	-0		29c. LICENSE NU	IMBER	29d. DATE S	SIGNED (Month. Day. Year)
Stuart E. Selonia, M.O. 400 Bestgate Annapolished	Steaut &	Selou	weruno.		. 019	838		Cologiali
Stuart E. Selonia, M.O. 400 Bestgate Annapolished	30. NAME AND ADDRESS OF PERSON I	WHO COMPLETED CALL	SE OF DEATH OTEN OF	no Briefs	011	0.70	1	161111
- 1000 E. Sejania, viia, wo perjate Trinapoisma	CHIMILE	E C	2 01 1 -6. 1	710	900 1	20ctan11	2 ALAI	1000/2011/11
	3/00/1	C. >6	Junia, 1	101001	100	- Jour	1/1/10	uporsula
JUL I Z 1334 Julia Variant-Pendello				-				

BALTIMORE, MARYLAND 21215-0020	SINCHAN: The law requires that the death certificate be executed within. I hours after death. Page 6 may be retained by the hospital or attending physician.	tentificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hydiene prior to bunal, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HISPARI OR ATT COME PAYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL UNELUER ASSETTING Entitions has been signed by the attending physician and completely filled in by the fune be filed when a formation, or removal.	IMPORTANT. If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

- 8	1. DECEDENT'S NAME (First	, Middle, Last)	*							2. DATE OF DEATH		- 55	3. TIME OF DEATH
1 8	George	Chri	stopher		N	loore				June 24	, 1994	YEAR	1510 M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. In	st birthday)	_	1 YEAR	IF UNDER		7. DATE OF BIRTH		a. BIRT	HPLACE (State or Foreign
1	215-38-491	2	1 X M 2 - F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	2-18-1		Coun	MD
- 8	9e, FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CITY	r, TOWN	OR LOCATI	ON OF DE	ATH	9c, CO	UNTY OF	DEATH
OR			ial Hosp	ital		Prin	ce E	rede	rick		Ca	alver	ct
E E	RESIDENCE OF DEC	10b. COUNTY	,		10c CI	TY, TOWN	OR LOCAT	LION					10d, INSIDE CITY
DIRECTOR	MD	Ana	e Arunde	1	100.01	Dunk		1011					LIMITS?
	10e. STREET AND NUMBER	0						r. ZIP COD	E		10a, Cl	TIZEN OF	WHAT COUNTRY?
FUNERAL	239 Jewell	Road						20	754		-	U.S.	Α.
S	11. MARITAL STATUS		12. WAS DECEDEN							IIC ORIGIN? (Specify		14. BAC	E — American Indian
BY F	1 Never Married 2 🔀 3 Widowed 4 Divo		IF YES, GIVE V	YES 2 X	NO			ecify Cube		n, Puerto Rican, etc.		Spec	
ED B	_ 3/4/8/10 _ 5/3					- 1							White
1	(Specify onl	Y highest grade	completed)	(0	ECEDENT'S live kind of a. Do NOT u	work done	during me	DN ost of worldi	ng	16b. KIND OF	BUSINESS/IN	IDUSTRY	
COMPLET	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)		Farm					Farmir	ncr	
O O	17. FATHER'S NAME (First, M	liddle, Last)	_					18. MOT	HER'S NA	ME (First, Middle, Mai		-9	
BE C	Herman Ex	dward	Moore						Regi	na Ann	Winds	sor	
TO B	190. INFORMANT'S NAME (Type/Print)		15	b. MAILING	ADDRES	S (Street a	nd Number	or Rural F	Route Number, City or	Town, State, Z	ip Code)	
=	Hazel Luc:				239	Jew	ell	Road	Du	nkirk, M	207	754	
	20e. METHOO OF DISPOSIT 1X Burlel 2 ☐ Cremetic	ION on 3 🗆 Reme	oval from State	20b. PLACE	AND DATE	OF DISPOS	SITION	ame of		DATE 20c	LOCATION -		1
	4 Donation 5 Other		at.	South	ern' M						unkirk	c, MI)
	St. Sidnistine or Tonera	L SERVICE LIC	1/			22.	NAME AI	ND ADDRE	SS OF FA	CILITY			
	1-0	2 6	+016			R	ausc	h Fu	nera	l Home,	PA Owi	ings,	MD 20736
	23 PART t. Enter the d	eart failure.	complications the	t caused the d	eath. Do	not enter	the mo	de of dy	ing, suci	h as cerdiec or re	spiratory e	rrest,	Approximate interval Between
1 1	IMMEDIATE CAUSE (FIR					~	~		2-		1	10	Onset and Death
	disesse or condition reaulting in death)	→	. 00	reur	no.	710	2 -	0	10	CUN	en,	12	SWKS.
_			DUE TO	OR AS A CONSE	OUENCE C	OF):	ns	2	- /	11/6	1110	VFIC	m
CERTIFICATION	Sequentielly list condit if any, leading to imme		b DUE TO	(OR AS A CONSE	OUENCE C)F):		1.	0	540	0	2	
S	cause, Enter UNDERLY CAUSE (Disease or inju	ING	c		6	ru	1	200	ee	0130	Sn.	w	~
틸	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	ouence o	F):	1		250	enda	~0	20	
馬	roodining in deatily Exc		d	9	ieru	con	7	- 0					7 -
	PART II. Other significa	nt condition	s contributing to	death but not	resulting	in the u	nderlyin	g couse	given in	Part i. 24a, WAS	AN AUTOPSY	24	b. WERE AUTOPSY FINDINGS
DICAL	Con	9 es	tine	He	2~	£	for	110	\sim e		FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Ci	0.	P.D	e									1 YES 2 NO
AN	DID TOBACC	O USE	CONTRIBUT	E TO CAL	SE O	F DEA	TH Y	YES [1 NC				
SICIA	25. WAS CASE REFERRED T EXAMINER?		НОЭРІТАL :				26. PI			eck only one)			
YSI	1 TYES TO NO		1 Ninpatient 2		DOA	4 Nu		10 5 🗆 Re	sidence	6 Other (Specify)			
PHY	27. MANNER OF DEATH 1 Natural 5	Pending	28e. DATE OF (Month, D		28b. TIR	JURY		PRK?		28d. DESCRIBE HO	W INJURY O	CCURED	
B A	2 Accident	Investigation	28e. PLACE C	F INJURY — At h	ome ferm	Marant for		YES 2	NO	201 LOCATION (Co.	at and Mumb	na na Overal	Do to Want
윤		Could not be determined	building,	etc. (Specify)	orro, rantri,		tory, offic	•		28f. LOCATION (Str City or Town, St		er or nurer	Ploute Number,
E	29e. CERTIFIER 1 CERT	TIFYING PHYSI	CIAN: To the heet of	my knowledne d	anth annum	and of the	lles Idate	and stars		to the cause(e) end			
COMPL													(e) end menner ee stated.
	29b. SIGNATURE AND TITLE			/					ENSE NUM				D (Month, Day, Year)
BE (/Wil	P. S	hal	V.	M.7) -				2634	▶ ∠	3/2	5/94
일	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	e, Print)					-	1	
	31. DATE FILED (Month, Day, JUN 2	Year) 100	32. REGISTRA	R'S SIGNATURE	. 1 10								
	JUN 2	ש וטטי	Jalle d	www.no	roall								

10

ol.

Calvairt

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in

IN THE FUNKEAL DRATENDING PHYSICIAN: The law requires that the death certificate be executed within a mount of each. Page 6 may be retained by the hoss TO THE FUNKEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed-within-72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or smoval.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First									2. DATE C		Α	YEAR	3. TIME OF DEATH
Eula Ann									Jun	e 25%	19	94AR	30 p
4. SOCIAL SECURITY NUMBER 313–30–1853		5. SEX 1 M ZX F	6. AGE (In yrs. 61	last birthday) YRS.	IF UNDER 1	YEAR	IF UNDER	MIN.	7. DATE 0 (Month, 10-1	Day, War)	2	B. BIRTI Count Tex	
9a. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY,	rown (OR LOCATI	ION OF DI	EATN		9c. COU	NTY OF D	DEATH
11315 Bay I	Front	Ave.			Lus	by					Cal	vert	
10a. STATE	10b. COUNT				Y, TOWN OF	LOCA	LION						10d. INSIDE CITY LIMITS?
Maryland	Calv	ert		Lu	sby								1 TES 2 NO
100. STREET AND NUMBER 11315 Bay I		Ave.				10	2065			- 1		S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDEN	T EVER IN U.S. YES 2	ARMED	H	yes, sp		an, Mexica	an, Puerto Ri	(Specify Yes	or No—	Blac	E — American Indian, ck, White, atc. chy: Thite
	EDENT'S EDU		18a.	DECEDENT'S	USUAL OCC	UPATI	ON		16b.	KIND OF BUS	SINESS/INC		III CC
Elementary/Secondary (0	y highest grade 3-12)	College (1-4 or 5	*) Re	Give kind of the Do NOT u	se retired.)			ing	Ps	sychia	tric	Res	search
17. FATHER'S NAME (First, M Walter C. 1		r							ME (First, M	iddle, Maiden	Surname)		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	Street i	and Numbe	r or Rumi	Route Numbe	er City or Tow	n. State. Zie	o Code)	
Diana C. S			-	11315	Bay 1	Fro	nt A			, Mar	ylan	d 20	
20a METHOD OF DISPOSIT 1		oval from State		LEND DATE				7/2	2/94	Lush			own, State Land
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE					ND ADDRE						
1 DR 9		th								ne, 44 Lc. Ma			nes Island
Sequentisity list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Iry	b	O (OR AS A CON	SEQUENCE O	P): P):								
PART II. Other significa	ent condition	d	death but no	ot resulting	in the und	eriyin	g cause	given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	241	b. WERE AUTOPSY FINDIN. AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:			OTHER				neck only one				
27, MANNER OF DEATH	Pending	1 Inpatient 2		28b. TIN		Bc. IN.	W 5 □ R	esidence	6 Other	(Specify) CRIBE NOW I	NJURY OC	CURED	
2 Accident	Investigation Could not be		OF INJURY — At, atc. (Specify)	home, ferm,	M street, facto		YES 2 [□ NO	281. LOCA	TION (Street	and Numbe	r or Rural	Route Number,
4 Homicide	determined		, area (oposity)						City o	r Town, State)			
		ICIAN: To the best of ER: On the bests of a											(a) and manner as stated.
290. SIGNATURE AND TITLE	OF CERTIFIE	1	7/			10	296, LIC	SENSE NUI	MBEN 312	3			27, 1994
30. NAME AND ADDRESS O Jonathan La						, I	rinc	ce Fr	reder	ick, N	aryl	and	20678
31. DATE FILED (Month, Day,	9 199	32. BEGISTR	AR'S SIGNATUR	Parlell									

STATE OF THE STATE OF

47 2 1 1934 JULY POLL CAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	dsc	Pe		-2
	9	etac		nce
,	5	9		40
	5	d b		9
	ine	HOU		ill e
	reta	5 5		ᅙ
	2	ge.		9
	nay	2		=
	9	ctor		5
	906	dire		-
	9	100		Ē
	eath	une		5
	ры	2	1	6
	age .	6	E	2
_	SULCE	2.	×	90
	Š	Filled	'n,	
	E	aly i	Jatio	=
•	P.	plet	ren	ent
	pa	mo:	al, (8
	BCU	pu	Pring	#
	8	n a	9	Ĕ
	20	sicia	HÎO	Ē
	Scat	phy	96	-
	erti	Bug	ge.	ㅎ
	th	pua	f	6
	dea	att.	enta	ě.
	the	-	N	三
	hat	P P	an an	1
	es	gne	alth	99
	quir	S	H	8
	A re	bee	1,0	50
	9	has	9	23
	Ē	ate	tate	tem .
	AN	tific	S	2
	SIC	60	4	d,
	E	this	W	구 양
	NG	fter	eath	E
	9	A. A	D Jo	.00
	Ĕ	B	曹	28
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Cours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	AL (O T	2 1	f it
1	PIT	ERA	in 7	E
)	S.	FUN	#	IAN
1	포	무	8	OR
	0 7	DI	e fi	F
	h	P-	0	-

3

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	ERTIFICATE	OF DEAT	TH		REG NO

REGISTRAR 1. DECEDENT'S NAME (First,	Middle tares			CERTII	FICALE (OF DEATH		REG. NO).		
i. DEGEDENT 3 NAME (FRSt, 1		RALDINE	FCT1	ELLA M	OVED		MON	ne 22	, 199	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBE		5. SEX		yrs. lest birthday)		AR IF UNDER 24 HRS	7. DATI	OF BURTH		S. BIRTH	1:45 A. IPLACE (State or Foreign
173-14-38	49	1 🗆 M 💢 F	77	YRS.	MONTHS DA	YS HOURS MIN.	Ma	y 10,	1917	Pel	nsylvani
9e. FACILITY NAME (If not ins	titution, give :	street and number)			9b. CITY, TO	WN OR LOCATION OF			9c. COUN		
At Ho						Pittsvi:	11e		Wice	omi	CO
RESIDENCE OF DECI	10b. COUNT	Υ		10c C	ITY, TOWN OR L	OCATION					10d, INSIDE CITY
Md	Wice	omico		112	ittsv					7	LIMITS?
10e. STREET AND NUMBER						10f. ZIP CODE		-	10g. CITIZ	ZEN OF V	WHAT COUNTRY?
34476 Worl	kman	Road				2185	0		U	.S.	Α.
MARITAL STATUS 12. WAS DECEDENT EVER FORCES? 1 YES Widowed 4 Divorced IF YES, GIVE WAR OR			1 TES	2 NO If yes, specify Cuban, M			rican, Puerto Rican, etc.)			Black	E - American Indian, k, White, etc. My: White
15. DECE	DENT'S EDU	CATION		16a. DECEDENT	S USUAL OCCU	PATION	16	b. KIND OF BU	SINESS/INDI	USTRY	
(Specify only Elementary/Secondary (8-		College (1-4 or 5	5+)	ille. Do NOT	use retired.)	ng most of working					
12				Hous	se Wif	e		Own	Home		
17. FATHER'S NAME (First, Middle, Last) John Ringler								ME (First, Middle, Melden Surname) 1a Foor			
Sharon G.		er				reet end Number or Rur Kman Ro					d.21850
20a. METHOD OF DISPOSITIO		oval from State	20b. P	LACE AND DATE	E OF DISPOSITIO	N (Name of	DA	TE 20c. LC	DCATION — C	Olty or To	wn, State
4 Donation 5 Other (NAME OF THE OWNER OWNER O	B	iva ive	ceme	tery	0/24	/94 B	ival	ve,	Ma.
21. BIGHTATHE OF FUNERAL							_				
23. PART I. Enter the dis ahock, or he IMMEDIATE CAUSE (Fins	leasea, or art feliure.	5.Wi	100-4	the death. Do	Me Bi	valve,	uner Mary	al Ho land	me,	4	Approximata interval Between
ahock, or he IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list conditio If any, leading to immed cause. Enter UNDERLYIN	beasea, or art fellure.	complications the List only one can be used to be a better the can be used to	LA O (OR AS A C	the death. Do	Me Bi not enter the	ssick F	uner Mary	al Ho land	me,	4	Approximata interval Between
ahock, or he IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immed	poasea, or art fellure.	complications the List only one case. a. LUNI DUE TO b. DUE TO c.	LA O (OR AS A C	the death. Do	Me Bi not enter the	ssick F	uner Mary	al Ho land	me,	4	Onset and Dea
shock, or he IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list conditio if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Linjur that initiated events	beases, or art fellure.	complications the List only one can be described by the List on	nat ceused I	the death. Do th line. WER CONSEQUENCE (CONSEQUENCE (Me Bi not enter the	essick F valve,	uner Mary uch aa ca	al Ho land	21.81.	4	Approximata interval Betwee Onset and Dea
ahock, or he IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list conditio if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events resulting in death) LAST PART II. Other algnifican A.S. C. 25. WAS CASE REFERRED TO	beases, or art fellure. all bons, liste with the condition of the conditi	complications the List only one can be described by the List on	nat ceused I	the death. Do th line. WER CONSEQUENCE (CONSEQUENCE (Me Bi not enter the OF):	essick F valve,	uner Mary uch aa ca	al Holand land rdiac or reap	21.81.	4	Approximata interval Betwee Onset and Dea 2 // Onfi
ahock, or he IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events resulting in death) LAST PART II. Other aignifican A.S. C.	beases, or art fellure. all bons, liste with the condition of the conditi	complications the List only one can be described by the List on	DA CO (OR AS A CO (OR AS A CO O) (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O) (OR AS A CO O) (OR AS A CO O (OR AS A CO O) (OR AS A CO O) (OR AS A CO O) (OR AS A CO O) (OR AS A CO O) (OR AS A CO O) (OR AS A CO O) (OR AS A CO O) (OR AS A CO O) (OR AS A CO O) (OR AS A CO O) (OR AS A CO)	the death. Do th line. WER CONSEQUENCE (CO	Me Bi not enter the OF):	essick F valve, mode of dying, so lying cause given	uner Mary uch as ca	al Holand land rdlec or reap	21.81.	4	Approximata interval Betwee Onset and Dea 2 // Onfi
ahock, or he IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events resulting in death) LAST PART II. Other aignifican A.S. C. 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 YMO 27. MANNER OF OEATH 1 Neturel 5 P	beases, or art fellure. all bons, liste with the condition of the conditi	Complications the List only one call. A. LUNC DUE TO DUE	DA CO (OR AS A CO (OR AS A CO O (OR AS A CO) (OR AS A CO O	the death. Do th line. WER CONSEQUENCE (CO	OF): OF):	essick F valve, in mode of dying, so tying cause given	uner Mary uch as ca	al Holand land rdlec or reap	21.81.	246.	Approximata interval Betwee Onset and Dea 2 // Onfi
ahock, or he IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events resulting in death) LAST PART II. Other aignifican AS C 25. WAS CASE REFERRED TO EXAMINER? 27. MANNER OF OEATH 1 Visturel 5 P 2 Accident 3 Suicide 6 C	besses, or art fellure. ai bons, liste et G y MEDICAL	DUE TO DUE TO	O (OR AS A CO (OR AS A CO O (OR AS A CO) (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO) (OR AS A CO O (OR AS A CO) (O	the death. Do th line. CONSEQUENCE (CONSEQ	OF): OF):	Tyling cause given 18. PLACE OF DEATH (Home 5 Residence - INJURY AT WORK? YES 2 NO	in Part I.	al Holand land rdlec or reap	N AUTOPSY RMED? 2 IN ND INJURY OCC	24b.	Approximata interval Betwee Onset and Dea 2 // Owi
ahock, or he IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events reaulting in death) LAST PART II. Other aignifican PART II. Other aignifican 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 P 2 Accident 3 Suicide 6 C 4 Homicide 29e. CERTIFIER (Check only) 1 CERTIFIER	eases, or art feliure. al branching to condition of the conding to the conding the conding to the conding the c	DUE TO DUE TO	De INJURY — g, etc. (Specify compared to the c	the death. Do th line. CONSEQUENCE of CONSEQUENCE of CONSEQUENCE of the not reaulting the not reaulting At home, farm, odge, death occur	OF): OF):	tyling cause given the place of Death (the place	In Part I.	al Holand land rdlec or resp 24a. WAS AI PERFO 1 YES CATION (Street y or Town, State	N AUTOPSY RMED? 2 ND	24b.	Approximata interval Betwee Onset and Des 2 Moving Service Autopsy Finding Application of Court English Prior to Completion of Cause of Death!
ahock, or he IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLYIN CAUSE (Disease or injure that initiated events resulting in death) LAST PART II. Other aignifican 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 MO 27. MANNER OF OEATH 1 Natural 5 P 2 Accident from 3 Suicide 6 C 4 Homicide de C 29e. CERTIFIER (Check only one) 2 MEDIC 29b. SIGNATURE AND TITLE (CASCA)	esses, or art fellure. al and condition at condition	COMPlications the List only one call. DUE TO DUE T	Dept. (Specify of my knowledge)	the death. Do th line. NER CONSEQUENCE (CO	OF): OF):	tyling cause given the place of Death (the place	uner Mary uch as car in Part I. Check only of 28d. Del 28d. Del 28d. Local	al Holand land rdlec or resp 24a. WAS AI PERFO 1 YES CATION (Street y or Town, State	N AUTOPSY RMED? 2 INJURY OCC end Number of	24b.	Approximata interval Betwee Onset and Dea 2 /9 our interv
ahock, or he IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition from the cause of condition list any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that infiltrated events reaulting in death) LAST PART II. Other aignificant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 YES 27. MANNER OF OEATH 1 Heturel 5 P 2 Accident 3 Suicide 6 C 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDIC	one, liste of the condition of the condi	Complications the List only one case. A. LUNL DUE TO B. DUE TO C. DUE TO d	Dept. (Specify of my knowledge)	the death. Do th line. WER CONSEQUENCE of CONSEQUE	OF): OF):	tying cause given the state of Death (Home 5 Desidence NURY AT YES 2 NO office	uner Mary uch as car in Part I. Check only of 28d. Del 28d. Del 28d. Local	al Holand land rdlec or resp 24a. WAS AI PERFO 1 YES CATION (Street y or Town, State	N AUTOPSY RMED? 2 INJURY OCC end Number of	24b.	Approximata interval Betwee Onset and Dea 2 M Owi 2 M

1 - FOR STATE REGISTRAR

TOINISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF I			SIENE . NO.					
- 1	1. DECEDENT'S NAME (First, Middle, Las	st)	MALSI			2. DATE OF DEA		YEAR 3.	. TIME OF DEATH			
	LEONID	٧.	MUTILIA	= MAI	- OVE		27,195		6622			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	sar)	Country)	ACE (State or Foreign			
l (i	215-32-7489 9a. FACILITY NAME (If not institution, give	1 🔀 M 2 🗌 F	78 YRS.			June 28,		Pola				
œ			CENTED		OR LOCATION OF D	EATH		Y OF DEAT				
5	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO											
рівестоя	10a. STATE 10b. COU		10c. Cl	TY, TOWN OR LOCA				10	Dd. INSIDE CITY LIMITS?			
		comico		Salisbur	<u> </u>			1 TYES				
RA	100. STREET AND NUMBER	1		10	f. ZIP CODE 2 180 1	1	10g. CITIZE		AT COUNTRY?			
FUNERAL	1814 Kipking D	12. WAS DECEDENT EVER	IN II S ARMED	12 WAS DE	CENDENT OF HISPA							
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	pecify Cuben, Mexico	an, Puerto Rican, el			White, etc.			
BY	3 Widowed 4 Divorced				- Open			Whit	ie.			
TED	15. DECEDENT'S E (Specify only highest gro		(Give kind of	Work done during me	ON ost of working	16b. KIND C	F BUSINESS/INDU	STRY				
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Physic			Mod	dical					
COMPL	17. FATHER'S NAME (First, Middle, Last)	(II)	Thysic	Idii	18 MOTHER'S NA	AME (First, Middle, M						
E		Malinowsky			Nina	THE (FIRST, MIDDIE, IV	Herman					
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Number, City	or Town, State, Zip C	(ode)				
5	Elizabeth Mald	lve	1814	Kipling	Dr., Sal	lisbury,	MD 2180	1				
	20a. METHOD OF DISPOSITION 1 Buriel 2 & Cremetion 3 Re	amoval from State Co	b. PLACE AND DATE	OF DISPOSITION (N	ame of	1	c. LOCATION — CI					
ij	4 Donation 5 Other (Specify)		Balisbury			6/27	Salisbu	ry, M	4D			
	Messick Funeral Home											
	7 Amelia	D.VVI)	Mull		alve, MD							
	23. PART I. Enter the diseases, o shock, or heart failur	er complications that cause e. List only one cause on	ed the deeth. Do each line.	not enter the mo	ode of dying, suc	ch ss cerdiec or	respiratory stres	st,	Approximate Interval Between			
	IMMEDIATE CAUSE (Finel											
	disease or condition - e. <u>Unterioscipa des Cardiova scular</u> Descel, Due to (or as a conscouence of):											
<u> </u>	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
TIF	thet initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
CER		d							<u> </u>			
AL.	PART II. Other algnificant condit	lons contributing to deeth	but not resulting		g ceuse given in		AS AN AUTOPSY ERFORMED?		ERE AUTOPSY FINDINGS			
MEDIC	Chonic Obstructure Rulmonary Service								OMPLETION OF CAUSE F DEATH?			
M			,					1	YES 2 HO			
PHYSICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE O									
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	tantlant a l'épos	OTHER:	LACE OF DEATH (CI							
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. Til	WE OF 28c. IN.	ne 5 🗆 Residence		HOW INJURY OCCU	RED				
	1 Natural 5 Pending	(Month, Day, Year)	IN	JURY W	ORK? YES 2 NO							
D 8Y	2 Accident Investigation 3 Suicide 8 Could not I	28a. PLACE OF INJUE	IY — At home, term,	street, tactory, offic	a		Street and Number of	Rural Rout	te Number,			
ш	4 Homicide determined	banang, ata (op	outy			City or Town,	State)					
COMPLET	29a. CERTIFIER (Check only	YSICIAN: To the best of my kno	wledge, daath occur	red at the time, date	and place, and due	e to the cause(s) ar	nd manner as stated					
S S		INER: On the basis of examinati							nd menner as stated,			
ш	29b. SIGNATURE AND TITLE OF CERTIF	FIER P			29c. LICENSE NU		29d. DATE	SIGNED (M	forth, Day, Year)			
TO B	Same	U. h. Cass	ud My	2	10196	9)	0/2:	7/94			
	30. NAME AND ADDRESS OF PERSON	00	EATH (ITEM 27) (Typ	e, Print)	10196 14 CEN		P		M			
	31, DATE FILED (Month, Day, Year)	JEFORD M.D.	NATURE	LIVIEDIC	184 CEN	TER	SALISA	URU	11/0 2180			
	JUN 2.7 19	94 Julia David	wor Rardall					-				
	101	121										

			FOR STATE REGISTRAR		STATE OF I	MARYLA			TMENT O					YGIEN EG. NO.	E		
			1. DECEDENT'S NAME (First	Middle, Lest)	Pearl 1	less	sic	K					2. DATE OF I	DEATH DA	Y	44	3. TIME OF DEATH 9 50 A
	- 1		4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In	yrs. last	birthday)	IF UNDER 1 Y	_	IF UNDER		7. DATE OF E (Month, Da	HRTH V Vbar)	T	8. BIRTHI Country	PLACE (State or Foreign
P			213-44-08		1 □ M 2 😾 F	9	96	YRS.		AYS	HOURS		Novemb		, 1897		ryland
3 should		æ	9e. FACILITY NAME (# not in			. 1		1				ION OF OEA	тн		9c. COUN		
1, 2,		CTOR	Dorchester	Gener	al Hospi	ital			Car	mbr	idge	9			Dor	ches	ter
ages		DIREC	10e. STATE	10b. COUNTY	1			10c. CITY	, TOWN OR I	OCATI	ION						10d. INSIDE CITY LIMITS?
020 physician, burial-transit permit. Pages			Maryland	Wico	omico			Sa	lisbu								t 😿 YES 2 🗌 NO
The Period		FUNERAL	10e. STREET AND NUMBER							101.	ZIP COD	_					HAT COUNTRY?
cian.		N.	516-C Geor	gla Av	12. WAS DECEDEN	T EVER IN I	IS ADI	460	12 44	DECE	2180		ORIGIN? (S		U.		
the fa		BY FL	1 Never Merried 2 3 Wildowed 4 Dive		FORCES?	YES	2 X N		If yo	s, spe	cify Cube	on, Mexicen, Specify:	Puerto Ricar	i, atc.)	or NO-	Specify Whi	
r attend use as			15, OEC (Specify onl	EDENT'S EDU	CATION completed)	1	18e. DE0	EDENT'S	USUAL OCCU	JPATIO	N et of workin	na	16b. KIN	D OF BUS	INESS/INDU		
retained by the hospital or 5 should be detached for u		COMPLETED	Elementery/Secondery (6		College (t-4 or 5	+)	life.	ouse'	e retired.)	ng mos	N OF WORK	· · · ·					
YLAND 2 by the hospital be detached to	Once.	OM	17. FATHER'S NAME (First, M	iddle, Last)							18. MOT	HER'S NAM	E (First, Middle	e, Maiden	Sumeme)		
RYLA!	7	BE C	John Edwar	d Larn	nore								Martha				
MAR retained 5 should	notified	0 B	19e. INFORMANT'S NAME (ype/Print)			19b	MAILING	ADDRESS (S	treet er	nd Number	r or Rural Ro	ute Number, C	ity or Town	n, State, Zip	Code)	
	be no	٦	Ada M. Mas				6	22 D	ougla	s R	d.,	Salis	sbury,	MD	2180	1	
BALTIMORE, ter death. Page 6 may be the funeral director, page	must b		20e, METHOD OF DISPOSIT 1X Burlet 2 Cremetic 4 Donetion 6 Dishey	n 3 🗆 Rem	oval from State	20b. P cemet	ery, crer	no DATE on et or or or or or	her place).	ON (Nar	me of	Cemet	6/24	20c. LO	ince	ity of Tov	nn, State
Page al dire			21. SIGNATURE OF FUNCTION	Commission Commission	esset 1	Facility	ICIII	11636	22. NAI	ME AN	D ADDRE	SS OF FACI	LITY		Tilces	5 A	ille, HD
BALT after death.	examiner		1 40	n. 1	hello.	1711 1					-		cal Ho			20	21001
B after by the	2 =	\neg	23. PART I. Enter the d	seeses, or o	complications the	at caused t	the dec	eth. Do n	ot entar the	e mod	n OW de of dy	Ing, such	es cerdiec	or reepl	spury	st.	D 21801
- PG - PG	remation, or re		immediate cause (Fir disease or condition	eert failure.	List Dnly Dne cer	USE DE GOO	h line.		1000			0			,		Interval Betwee
60 with	event, the		resulting in deeth)		PUE TO	(OR AS A C	ONSEO	UENCE OF	7:								
68760 secuted with	burial.	z	Saguestially list on dit		· PA	eun	10	nic	L								12 1/au
OX O	other traumatic	E	Sequentially list condit if any, leading to imme	diste	DUE TO	(OR AS A C	ONSEO	UENCE OF	7	A	2016	1 A.	•				101
BC ficate physic	ther tr	5	CAUSE (Disease Dr Inju		c. DUE/NO	YOR ME A	ONSEO	UENCE DE	0	C	we	u	9	P			1 cou
P.O.	or oth	CERTIFICATION	that initiated events resulting in death) LAS	т 🕴 ,	· C	in	X	20	ine		1	lein	+7	w	lu	0)	>10cm
OS, he dear	d Menta Injury,	ö	PART II. Other eignifica	nt condition	s contributing to	death hit	nnt re	euiting i	n the unde	rivina	Chausa	etron in D	1/			Tan	WERE AUTOPSY FINDINGS
A W B	8 20	8		CK	rini	1)	1	41	111		4	ihi	1 4 40 6 5 1			1 3	AVAILABLE PRIOR TO COMPLETION OF CAUSE
CO Jires Th	of Health shows an	MEDIC	Stails	do	Om O	m	1 A	0	- AN		11	100	the	Lyes 2	34-HO		DF DEATH?
He star and	등 등		DID TOBACC	O USE	CONTRIBUT	F TO	CALIC	SE OF	DEATH	ıv	ES [7 NO					1 TYES 2 NO
-	H Dept	SICIAN:	25. WAS CASE REFERRED T					<u> </u>				EATH (Chec	k only one)				
VIT WW. 1	or Item	SK	1 YES 2 NO		HOSPITAL:	ER/Output	lent 3	□ DOA	OTHER:	Home	5 🗆 Re	esidence 6	□ Other (Sp	ecify)			
OF PHYSIC THIS CAR	With the	PHY	27. MANNER OF DEATH	n	28e. DATE OF (Month, E			28b. TIMI INJ	OF 28 URY	c. INJL WOF	JRY AT	:	28d. DESCAIL	BE HOW I	JURY OCC	JRED	
	mark	B≼		Pending Investigation					M 1		ES 2	NO					
DIVISION OR ATTENDING OPPECTOR After	1 82 H	8		Could not be determined	26e. PLACE (building,	of INJURY — etc. (Specify	- At hor	ne, farm, a	treet, tectory,	office	•	1	26f. LOCATIO City or To	N (Street a wn, State)	nd Number o	r Aural Ad	oute Number,
NVISI OR ATTEN	F 2	4	es- offeriren A		/ /0070						_						
3		MPL	(Check only		CIAN: To the best of												
Ca E	ANT	8				Administron (PTQ/DF II	ivestigatio	n, in my opin	ion, de				place, en	d due to the	ceuse(s)	end menner ee stated.
184) E	BE	29b. SIGNATURE AND TITLE	OF CERTIFIES	12/1		,N	10		- [4 3 2			29d. DATE	1.	Month, Day, Year)
PP	E =	0	30 NAME AND ADDRESS OF	DEDCON WH	1 se	u	VF	11		_[V	402	-10		6	14	94

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

But Aurora

32. REGISTRAR'S SIGNATURE

Julia Davideon Randall

William

1994

31. DATE FILED (Month, Day, Year)

21613

Cambridge mo

2.

1
J

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF			YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	DEATH		3. TIME OF D	EATH	_
	Alfred Norwood	Mitchell.	Sr.			6	7 19	94	6:12	A	м
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day		8. BIRTHPLACE (State or Country)			
	221-24-5681 9e. FACILITY NAME (# not institution, give si	1√x 2 □ F 5 2	7 YRS.			9-1-					
œ			>		OR LOCATION OF D		9c. COU	NTY OF DE	HTA	3.55	
DIRECTOR	Atlantic Gener	ar Hospilar		bereit	r, Marys	<u>eana</u>	Wor	cesa	ter		
R	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE C	ITY	_
	Delaware Sus	sex	I	agsbo)	10			1 YES 2	NO IX		
RAI	10s. STREET AND NUMBER	00.10		1	of. ZIP CODE		10g. CITI		HAT COUNTRY	7	
FUNERAL	Route 1, Box	92-A2 12. WAS DECEDENT EVER IN U	110 10100		19939			us			
	1 Never Married 2 1 Married	FORCES? 1 V YES	2 NO	If yes, s	CENDENT OF HISPA pecify Cuban, Maxico	an, Puerto Ricen			— American Ir White, etc.	ndlan,	
В	3 Widowed 4 Divorced	IF 125, GIVE WAR OR DAT	E3	1 U YE	S 2 NO Specif	ly:		Amo h	-Negi	7.0	
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION (1)	16a. DECEDENT'S (Give kind of t	USUAL OCCUPATI work done during rise retired.)	ION lost of working	16b. KINI	D OF BUSINESS/IND				_
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)									
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Truck	Vrzver			structi , Malden Surname)	on			_
	George Timmo	ик			Ruth A						
) BE	19a. INFORMANT'S NAME (Type/Print)	123	19b. MAILING	ADDRESS (Street			ity or Town, State, Zip	Code)			_
2	Lillian H. Mit	chell/Wife	Route	. 1, Bo	x 92-A2	Dags	boro. D	e 19	939		
	20a. METHOD OF DISPOSITION 14.] Buriel 2 (Cremetion 3 (Remo	20b. P	LACE AND DATE	OF DISPOSITION //	lame of	DATE	20c LOCATION	City or Tow	n Stele		_
	4 Donation 5 Other (Specify)		d Fiel	d Ceme	tery 6-	11-94	Millsb	oro,	De		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE MD Lic#2	7	22. NAME /	ND ADDRESS OF FA	ICILITYMil.	ler Fun	eral	Home	2	
_	Xelul 11/1	Wille		219 W	ashingt	ton St	Millsb	oro,	De	1996	56
1. 1.4	23. PART I. Enter the diseases, or c shock, or heart fellura. I	complications that caused to	the death. Do n	not antar the m	oda of dying, suc	ch as cardlec	or reapiratory arr	eat,	Approxi	mate Betwee	
ł	IMMEDIATE CAUSE (Final disease or condition	12								nd Deat	
1	resulting in death)	DUE TO (DR AS A C	AL	WEA	POTION	V			Fan M	INU	Z-
2		MAD	ONSEQUENCE OF								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF	F):		-			ZW	YEAD	Z.
S	CAUSE (Disease or injury	l							ļ		
Ë I	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	ና):							
CE		l							-		
¥	PART II. Other significant conditions	contributing to death but	not resulting i	in the undarlyli	g cause given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY		5
90						1	YES 2 NO		COMPLETION O	FCAUSE	
M									YES 2] NO	
AN	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:	2 17 204	OTHER:	LACE OF DEATH (Ch						-
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. IN	ne 5 🗆 Residence		E HOW INJURY OCC	URED			_
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		ORK? YES 2 NO						
	3 Suicide 8 Could not be	28s. PLACE OF INJURY — building, etc. (Specify,	Al home, farm, a	treet, factory, offi	:8	281. LOCATION City or Tow	(Street and Number	or Rural Ro	ute Number,		
COMPLETED	4 Homicide detarmined					0.1, 0.1 10.11	, 0.12.07				
릴	29a. CERTIFIER (Check only one)	CIAN: To the best of my knowled	ige, death occurre	d at the time, dat	and place, and dua	to the cause(s)	and manner as state	ed.			
8	2 MEDICAL EXAMINER	R: On the basis of examination a	ind/or investigation	n, in my opinion,	death occured at the	time, data and p	placa, and dua to the	n cause(a) s	and manner as	stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	7/0 4	· ~ 1		29c. LICENSE NUI				Month, Day, Yea		П
2	30. NAME AND ADDRESS OF PERSON WHO	COMPETED CAUSE OF MEAT	// d	O-(red)	306-	241	16	-14-	-94		
	DEPTHY P	Hone	·· (iicm zr) (iype,	7.7	C		DADW HI	,	4		
	31, DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNAT	URE	203	SNOW	Sr. 5	WOW HI	Uh. 1	m 2	186	7
	JUN 22 1994	32. BEGISTRAR'S SIGNATION	-Kardall								
		-									

3 should

60,	within
BOX 68760	hammen
2	2
ĕ	anda
o	martif
C,	death
Ö	the
O.B.	that
REC	ramirae
	- Inne
I	The
OF VITAL RECORDS, P.O.	ATTENDING BUXCHIAM: The law requires that the death periffered he sended within
IVISION	ATTENDING
\leq	9

		1, 2,		
		TO HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,		
		mit.		
		it per		
	an.	transi		
	hysici	urial		
	ng p	the b		
	tendi	38		
	or at	r use		
	spital	ed fr		
	e ho	etach		nce.
	by th	90		at
	ined	hould		fled
	e refa	5 5		noti
•	ay b	page		t be
	n 9 a	ector,		SUE
	Pag	al dir		ner
	leath.	funer		хаш
	ther d	the	noval.	a le
	MILS 3	E D	ren	redic
	DU #2	filled	00,0	he m
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	etely	In the limit of the state death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	w bet	duos	al, cu	eve
	precut	and (bun o	natic
	be e	ilcian	rlor to	raun
	ficate	phys	ne pr	her t
	Cert	Dulpu	H	or of
	death	atte	еща	17, 0
	it the	by the	M M	I Inju
	s tha	poul	alth a	s amy
	equire	en sig	of He	how
	IAW II	s pe	ept.	23 \$
	The	ate his	ate 0	E
	SIAN	rtifica	he St	or it
	HYSIC	his ce	With th	ted,
	NG P	fter th	sath v	mark
	ENDI	JR: A	ter de	S Is
	A ATT	SECT.	ILS af	т 28
	AL OF	IL DIF	2 hou	f Ite
	SPIT	NERA	hin 7	NT:
	E HG	E FU	M MI	DRITA
	f Q	Š	di B	IMPC
ſ	1	0		_

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	HEGISTHAR				CERTIF	ICALE	UF	DEA	ITI		REG. NO.			
į	1. DECEDENT'S NAME (First	Shaken	o Magai	1100						MONT			YEAR	3. TIME OF DEATH
	Gladys 4. SOCIAL SECURITY NUMI	Mari	e McCui								e 10	199		10:45 Pm
i	219-56-83		1 M 2 N F	6. AGE (In yrs	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE (Mon	of BIRTH h, Day, Year) Y 8, 1	MD		
	9a. FACILITY NAME (If not is		- 27	74		9b. CITY, TOWN OR LOCATION OF DEAT				y 0,1		NTY OF DI		
5	25175 Suns							sbo		LAIII			roli	
DIRECTOR	RESIDENCE OF DE	CEDENT										04.	. 011	110
1	10a. STATE	10b. COUNT			20.2	Y, TOWN C								10d. INSIDE CITY LIMITS?
	MD 100, STREET AND NUMBER		oline		G	Freensboro						201		1 VES 2 NO
LONERAL	25175 Sur		Aronno				10	2.16	-			10g. CIT	IZEN OF W	HAT COUNTRY?
	11, MARITAL STATUS	iset i	12. WAS DECEDEN	T EVED IN 11 C	ADMED	T 42 1	WAS DEC			NIC OBICH	10 (Da-ald- V-			
	1 Never Married 2 3 Nidowed 4 Dive		FORCES? 1 IF YES, GIVE W	YES 2	S 2 NO If yes, specify C					n, Puerto		or No-	Black	White, atc.
3	15. DEC	EDENT'S EDU	ICATION .	16a.	DECEDENT'S	USUAL O	CCUPATION	ON .		161	. KIND OF BUS	INESS/INE	DUSTRY	
9	Elementary/Secondary (College (1-4 or 5	+)	(Give kind of life. Do NOT us	se retired.)	Cus	tome:						
COMPLEIED	12			TI	nform	atic	non				ublic		ilit	У
	Howard I		מבמזזב								Middle, Malden			
N N	190. INFORMANT'S NAME (ayman		404 400				_		Blou			
2	Walter H.	McC									ensbo			21639
	20s. METHOD OF DISPOSIT		noval from State	20b. PLA cemetery,	CEAND DATE	of DISPOS	SITION /N	eme of		DAT	E 20c LO	CATION —	City or To	wn, State
	4 Donation 5 Other		reduces AA	Eas	stern	Sho	re				m Géd	rge	town	, Del.
į	Raus	Ble	W//	me		M	loor		une	ra1	Home,			0
CERTIFICATION	IMMEDIATE CAUSE (Firdisess or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injet that initiated avents resulting in death) LAS	tions, addets ING	b. DUE TO	(OR AS A CON	ISEQUENCE O	F): F):	- T	3RE	AST	- C1	ANCI	ER		Onset and Death
The state of the s	PART II. Other significa	ant condition	na contributing to	death but no	ot resulting	In tha un	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOR 1 PES 2	MED?	24b.	WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL						LACE OF D	EATH (Ch	eck only o	ne)			
II SICIAIN.	1 TYES 2 TANO		HOSPITAL:	ER/Outpatian	t 3 🗆 DOA	OTHER		10 5 THE	paldence	8 🗆 Othe	er (Specify)			
	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28a. DATE OF (Month, D		28b. TIM	E OF JURY M		URY AT ORK? YES 2] NO	28d. DE	SCRIBE HOW II	JURY OC	CURED	
100	a 🗆 a sut	Could not be determined	28s. PLACE Obuilding,	F INJURY — A atc. (Specify)	t home, farm,	street, fact	lory, offic	•			CATION (Street a or Town, State)	nd Number	or Rural A	loute Number,
COMPLETED	anal		ICIAN: To the beat of ER: On the beals of a											and menner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIE	R		_			29c. LIC	ENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS O	F PERSON WI	10 COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	, Print)		D	55	04	8	16	>/11	94
	Dr. Eric	-			, , , , ,		eet		enti	revi	110.	MD '	2161	7
	31. DATE FILED (Month, Day,	Youly		R'S SIGNATUR				, ,	-1101	1	110/		-101	
	JUN 13 'S	34	Julia Da	vidson-M	Pandale	-							- 14	



Č
0
(0)
68760
0
-
w
(0)
-
BOX
_
m
\circ
~
- "
P.0.
-
RECORDS.
0)
-
-
_
0
-
()
0
4 1 2
Section 2
CC"
_
_
TAL
-
-
-
ш.
-
()
_
_
õ
~
10
41
3
-
DIVISION
_

1	-	FOR STATE REGISTRAR	STATE	0F	MA
		NEGIO I FIAR			

ARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			CERTIF	ICATE	JF DE	AIH	REG	S. NO.		
	1. DECEDENT'S NAME (First, Middle, Le	Ella Nobl	le	5.47	Murph	V		2. DATE OF DEA	DAY	YEAR O. A.	3. TIME OF DEATN
						_		June 1		994	6:30
	4. SOCIAL SECURITY NUMBER			rs. last birthday)	IF UNDER 1 Y	EAR IF UN	DER 24 HRS.	7. DATE OF BIRT (Month, Day,)	bar)	8. BIRTN Country	PLACE (State or Foreigy)
	215-48-6627	1 🗆 M 2 💢 F	105	YRS.		noon		Jan. 2			nsylvania
_	Se. FACILITY NAME (If not institution, gi	ve atreet and number)		144	9b. CITY, TO	WN OR LOC	ATION OF D			UNTY OF D	EATH
DIRECTOR	313 South Second	d Street		COL	Dent	on			Ca	rolin	ne
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COL			10c. CI	Y, TOWN OR L	OCATION					10d. INSIDE CITY
E					.,						LIMITS?
	Maryland 100. STREET AND NUMBER	Caroline				Dento			10- 0-	TIZEN OF W	1 XYES 2 N
FUNERAL		d Chwash				1000					
NE.	313 South Second	12. WAS DECEDENT	FVED IN II	S ARMED	1 12 1411	216		NIC ORIGIN? (Spec		J.S.A.	
	1 Never Merried 2 Merried	FORCES? 1	YES 2	2-FNO	If ye	s, specify C	uban, Mexic	an, Puerto Ricen, e	tc.)		- American Indian , White, etc.
BY	3 Widowed 4 Divorced	IF YES, OIVE W	AH UH DATE	3	10	YE\$ 2 🔯 I	NO Speci	ry:		Specific Call	_{y:} casian
8	15. DECEDENT'S		16	a. DECEDENT'S	USUAL OCCU	PATION		16b. KIND (OF BUSINESS/IN		castan
E	(Specify only highest gi	College (1-4 or 5+)	,	life. Do NOT u	work done durii se retired.)	ng most of wo	orking				
PL	7	None		Homen	aker				Home		
COMP	17. FATNER'S NAME (First, Middle, Leat)					18. M	OTNER'S NA	AME (First, Middle, A			
BEC	Walte	r Howard	1				Sarah	n Rebec	ca And	rew	
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S			Route Number, City			
2	Sarah M. Murphy	Y		313 5	South S	second	Stre	eet, Den	ton, Ma	rylan	nd 21629
	20a. METNOD OF DISPOSITION	and the same		ACE AND DATE		N (Name of		DATE 2	0c. LOCATION -	- City or To	wn, State
	N☐ Buriet 2 ☐ Cremetion 3 ☐ F 4 ☐ Donation 6 ☐ Other (Specify) _	semoval from Btate	COr	ncord C	ther place)	v		6/22	Denton,	Mary	vland
1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	10		22. NAI	E AND ADD		ACILITY			
	* Kanal	hOF	VIn	110				l Home,			
- 1	23. PART I. Enter the discuses,	1.	1100	1				nton, Ma		2162	29 Approximat
NO	disease or condition a. Cours val / Ascular Hecident 7 bays Due to (or as a consequence of): Averyone Cure Brist 1), sense 30 yes										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
S		d									-
- 11	PART II. Other significent condi-	tions contributing to	death but	not reaulting	In the unda	rlying caus	e given in	Part I. 24a. W	AS AN AUTOPSY	24b.	WERE AUTOPSY FIN
EDICAL									ERFORMED?		AWAILABLE PRIOR TO
MEC											OF DEATH?
IAN: A								100			
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					8. PLACE D	F DEATH (C/	heck only one)	-		
Si	1 YES 3 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatie	ent 3 🗆 DOA	OTHER:	Nome 5 🔀	Residence	6 C Other (Special	(y)		
PHYSICI	27. MANNER OF DEATN	26e. DATE OF (Month, De	INJURY ny, Year)	26b. TII	AE OF 28-	. INJURY AR	Lan.	26d. DESCRIBE	NOW INJURY O	CCURED	
BY	1 Netural 5 Pending 2 Accident Investigation					YES :	2 ND				
	3 Suicide 8 Could not	building, a	F INJURY — atc. (Specify)	At home, ferm,	street, factory,	office		26f. LOCATION (er or Rural R	loute Number,
ETE	4 Nomicide determined	8		LJ. HU.				, 3			
PLE	29e. CERTIFIER 1 CERTIFYING PI	IYSICIAN: To the best of	my knowledg	ge, death occur	red at the 1ime	date end pl	ace, end du	e to the cause(e) e	nd manner as at	ated.	
OMPL	one) —	MNER: On the basic of ex) end manner se sta
Ö	29b. SIGNATURE AND TITLE OR CERTS					_	JCENSE NU				(Month, Day, Year)
BE	Den D.	The second second	2 10	29	00	14	LHIO	1=8	29d. DA	SIGNED	(MOREN, Day, 1991)
2	30. NAME AND ADDRESS OF PERSON					100	-10	050	1,0		1-17
	Henry R. Dit					ne.	Dent	on. MD	21620		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAI			TH LIC	ine /	Dent	OH / FID	21025		
	0 . 10 .	Mar David									
	JUN 21 '94	27	1								

2. DATE OF DEATH

7. DATE OF MIRTH

JUL

1 - FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last) JOHN

9	-
~	
40	
4	
×	
0	
~	1
ш	
-	
0	
0	
-	
400	4
(1)	
	4
C	-
<u></u>	,
2	
O	ı,
ш	ď
~	
-	
_	
4	
F	1
	,
>	
0.0	1
-	1
0	-
-	1
4	9
0	1
-	1
S	ı
7	1
_	-
DIVISION OF VITAL RECORDS, P.O. BOX 6876	The second designation of the
	:

MONTHS DAYS HOURS MIN 1 😡 M 2 🔲 F 09 7983 01/10/'05 phones Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH SOUTH FAN RESIDENCE OF DECEDENT DIRECTOR Pages 1, 2, 3 MARYLAND 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY Maryland Prince George's Brandywine permit. FUNERAL 101. ZIP CODE use as the burial-transit 15721 Baden Naylor Road 20613 retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuban, Maxican, Puerto Rican, etc.) FORCES? 1 YES 2V NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY 1 TYES TO NO Specify: 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe JO. Elementary/Secondary (0-12) College (1-4 or 5+) and completely filled in by the funeral director, page 5 should be detached a burial, cremation, or removal. 12th Skilled Laborer Steel Mill 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) 76 James McCraw BE Elmira Cook notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 54 Montravon Ct. Monessen Pa. Maurice Rice hours after death. Page 6 may be 9 ROOM METHOD OF DISPOSITION

1 (3 Burlel 2 Cremation 3 Ren
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Beile Veron R.D.#2 7/8/94 21. SIGNATURE OF ENNEYAL SETYME LICENSEE medicai examiner 22. NAME AND ADDRESS OF FACILITY 20605 Aquasco Rd 23. PART I. Enter the heart failure. List only o shock. e on each line. 0 IMMEDIATE CAUSE (Final the disease or condition resulting in death) event, other traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury physician prior that initiated events resulting in death) LAST 10 the atten Mental F amy injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL signed by t 1 YES 2 NO Shows has been : Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF BEATH (Check only one State HOSPITAL: OTHER: I VES 2 NO ent 2 - ENOutpetient 3 - DOA ng Home 5 🗆 Residence 6 🗀 Other (Specify) 10 the state 28s. DATE OF INJURY 27. MANNER OF DEATH 28b. TIME OF 25c, PHJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with marked, this C Returns M 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 🔲 Suicide 28f. LOCATION (Street and Number or Rural Ploute Number City or Tawn, State) 28 is 6 Could not be DIRECTOR:) after COMPLETED 4 🔲 Homicida Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kr dge, death occurred at the time, data and place, and dua to the cause(s) and manner as stated. FUNERAL I = 2 MEDICAL EXAMINER: On THE HOSPITA TO THE FUNERA De filed within 7 29c. LICENSE NUMBER BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BERWA BLANETT OLD AVENUE CHINTON 31. DATE FILED (Morith, Day, Year)

JUL 0 7 32. REGISTRAR'S SIGNATURE

MAURICE

6. AGE (In yrs. last birthday)

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

WALLACE MCCRAW

IF UNDER 1 YEAR

3. TIME OF DEATH 6.17 8. BIRTHPLACE (State or Foreign Country) <u>Pennsylvania</u> 9c. COUNTY OF DEATH PLINER SE ONGES 10d. INSIDE CITY YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? States United 14. RACE — American Indian, Black, White, etc. Specify Black 15062 20c. LOCATION — City or Town, Steta 15012 Belle Veron ADAMS FUNERAL HOME P.A Aquasco MD 20608 Interval Betwe Onset and Death 24b. WERE AUTOPSY FINDING MAILABLE PROOF TO COMPLETION OF CAUSE OF DEATH? T YES 2 NO

DHMH-16 Rev 1/89

20735

MANYLAND

0
9
7
œ
9
~
×
\circ
8
0
а.
S
00
$\overline{\circ}$
-
O
ш
Œ
- 1
4
>
4
0
-
4
0

S
5
-
_

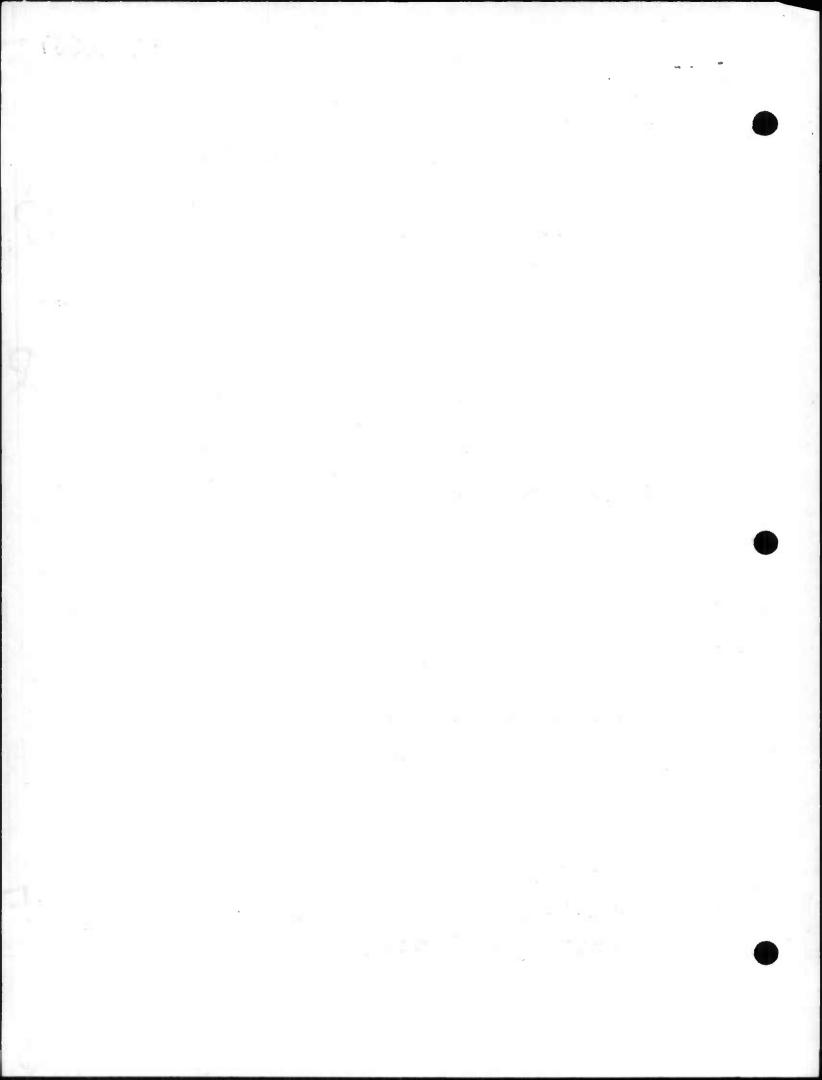
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flor death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE
CERTIFICATE OF DEATH	REG. NO.

LOCAL SCOUNTY NUMBER LOCAL SCOUNTY NUMBER	1 - STATE REGISTR	· ·	STATE OF MA			MENT OF H		MENTA	L HYGIEI				
THERTA DURLS 1. SOAL SCOUNTY MARKE 2.44-32-2995 1. SET SET SET SET SET SET SET SET SET SET	1. DECEDENT'S	NAME (First, Middle, Last)						OF DEATH			3. TIME OF OEA	TH
4. ACAL SCOUNT WANDERS 2.4 — 3.2 — 2995 1.4 1 2	IBERI	A DU	KE			PIER	CE					3:30	рм
See FORCHT WAS OF PRINCIPLE OF MERCE OF MANY CONTRIBUTE TO CAUSE OF DEATH VEST ON TO SUBMICE SCHOOL OF YEAR OF SUBMICE CONTRIBUTE TO CAUSE OF DEATH VEST ON TO SUBMICE CONTRIBUTE TO CAUSE OF DEATH VEST ON TO SUBMICE SCHOOL OF YEAR OF SUBMICE CONTRIBUTE TO CAUSE OF DEATH VEST ON TO SUBMICE CONTRIBUTE TO CAUSE OF DEATH VEST ON TO SUBMICE SCHOOL OF YEAR OF SUBMICE CONTRIBUTE TO CAUSE OF DEATH VEST ON TO SUBMICE SCHOOL OF YEAR OF SUBMICE CONTRIBUTE TO CAUSE OF DEATH VEST ON THE MAN CONTRIBUTE TO CAUSE OF DEATH VEST			5. SEX	8. AGE (In yrs. las							8. BIRTI	IPLACE (State or F	oreign
4.13 PORT TODACCO ROAD(RESIDENCE) INDIAN HEAD CHARLES WELLOWING OF DETECTION OF D				67	YRS.	MINS DAYS	HOURS MIN,	2-2	-192	7	0 0		
PORT TO Bacco Rd. 413A 1. MANTHI STATUS 1. L. WAS DECERDED FOR THE PART NO. S. ANAMED 1. L. WAS DECERDED FOR HERMAN CONCINE (Speechty No. 1). In MADE CONCENTRATION		AME (If not institution, give	street and number)		9	L CITY, TOWN	OR LOCATION OF D	EATH		9c. COUN	TY OF E	EATH	
PORT TO Bacco Rd. 413A 1. MANTHI STATUS 1. L. WAS DECERDED FOR THE PART NO. S. ANAMED 1. L. WAS DECERDED FOR HERMAN CONCINE (Speechty No. 1). In MADE CONCENTRATION	413A	RESIDENCE OF DECEDENT								LES			
PORT TO Bacco Rd. 413A 1. MANTHI STATUS 1. L. WAS DECERDED FOR THE PART NO. S. ANAMED 1. L. WAS DECERDED FOR HERMAN CONCINE (Speechty No. 1). In MADE CONCENTRATION	MD											LIMITS?	
Sequentially list conditions. Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in death. **DUE TO (OR AS A CONSECUENCE OF): **DUE TO (OR AS A CONSECUENCE OF): **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not r			arres		Tron					I		- 41	NO
Sequentially list conditions. Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in death. **DUE TO (OR AS A CONSECUENCE OF): **DUE TO (OR AS A CONSECUENCE OF): **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not r	Port	Port Tobacco Pd /134											
Sequentially list conditions. Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in death. **DUE TO (OR AS A CONSECUENCE OF): **DUE TO (OR AS A CONSECUENCE OF): **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not resulting in the underlying cause given in Part. **Sequentially list conditions.** Contributing to death but not r	11. MARITAL ST.		12. WAS DECEDENT	EVER IN U.S. AF	RMED	13. WAS DEC		NIC OBIGII	N? (Specify V				len
Security of Alphored Security (1972) Security of Alphored press completed (1972) Security of Alphored press completed (1972) Security of Alphored (1			FORCES? 1	YES 2 3	NO	If yes, sp	ecify Cuban, Maxic	an, Pue⊓o		or No-	Blac	k, White, etc.	
Education Teacher T		4 Divorced					T M TO Space	··y.			Spec	" wnite	
Education Teacher Teacher Teacher Teacher Teacher Teacher Teacher Teacher Teacher Teacher The price of the standard process of the standard		15. OECEDENT'S ED (Specify only highest grad	UCATION de completed)	18e. DE	ECEDENT'S US	UAL OCCUPATION OF THE COMPANY	ON ast of working	168	. KIND OF BU	JSINESS/INO	USTRY		
TO PATTER'S NAME (First, Modes, Lets) Layton E. Settlemeyer The NOTHING NAME (First, Modes, Lets) Layton E. Settlemeyer The NOTHING NAME (First, Modes, Madeon Summon) Margaret S. Dixon Settlemeyer The NOTHING NAME (First, Modes, Madeon Summon) Margaret S. Dixon Settlemeyer The NOTHING NAME (First, Modes, Madeon Summon) No. MALING ADDRESS (Street and mode or Rusel Rous Names, Copy or Burn, State (Doc 200)) 20640 PORT To Dacco Rd. Box 413A (Indian Head MD) 10 Burlet 2 Semention 3 10 Permonel from State 4 Docation - City or Burn, State 10 Burlet 2 Semention 3 10 Permonel from State 4 Docation - City or Burn, State 12 SEMENTIAL Street the diseases, or completedine that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest. 12 SEMENTIAL Extent the diseases, or completedine that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest. 13 SEMENTIAL STATE STAT	Elementary/	Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT use r	etired.)	or or working		Fd	icati	020		
Tim Pierce Do. Mallend Address (Stower and Number or Rural Roots Number, Cry or Dum, Other, Dum, Other Dumber of Rural Roots Number, Cry or Dum, Other, Stower and Number or Rural Roots Number, Cry or Dum, Other, Stower and Number or Rural Roots Number, Cry or Dum, Other, Stower and Number or Rural Roots Number, Cry or Dum, Other Stower and Number or Rural Roots Number, Cry or Dum, Other Stower and Number or Rural Roots Number, Cry or Dum, Other Tobacco Rd. Box 413A Indian Head, MD Date D	Ē		6	Т	eache	r			Euc	icali	OH		_
TIM PIETCE TO MAILING ADDRESS (Stored and Number or Rears Roads Number, City or Roam, Stein, Zio Cool) 20640	17. FATHER'S NA		-1				radium necessaria						
TIM PIETCE PORT TO DACCO Rd. Box 4.13A Indian Head MD PORT TO DACCO Rd. Box 4.13A Indian Head MD PORT TO DACCO Rd. Box 4.13A Indian Head MD PORT TO DACCO Rd. Box 4.13A Indian Head MD PORT TO DACCO Rd. Box 4.13A Indian Head MD PORT TO DACCO Rd. Box 4.13A Indian Head MD PORT TO DACCO Rd. Box 4.13A Indian Head MD PORT TO DACCO Rd. Box 4.13A Indian Head MD PORT TO DACCO Rd. Box 4.13A Indian Head MD PORT TO DACCO Rd. Box 4.13A Indian Head MD PORT TO DACCO Rd. Box 4.13A Indian Head MD PORT TO DACCO Rd. Box 4.13A Indian Head MD PORT TO DACCO Rd. Box 4.13A Indian Head MD PORT TO DACCO Rd. Box 4.13A Indian Head MD PORT TO DACCO Rd. Box 4.13A Indian Head MD PORT TO DACCO Rd. Box 4.13A Indian Head MD DATE 286. LOCATION—Only for Twon. Blass PORT TO DO THE STANDARD TO PORT TO PORT BOARD AREHART -ECHOLS FUNERAL HOME, INC. LaPlata, MD 20646 23. PART IL Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, indian with the standard process of respiratory arreat. MEDITAL CAUSE (Pieses or injury resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A			clemeyer										
20. BLACE AND DATE OF DISCOSITION (Name of Discosition) and a condition of the significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 22. WARE I. Green the diseases or right of the significant conditions of the significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 23. WARE I. Green the disease or condition in the caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, interval Between Onset and Death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause	198. INFORMAN											206	40
Sequentially list conditions Due to (or as a consequence of):													D
22. PART I. Enter the diseases, or complications that caused his death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, inhock, pr heart follure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or complications that caused his death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, inhock, pr heart follure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (1 🗆 Buriel 2	20s. METHOD OF DISPOSITION 20h PLACE AND DATE OF DISPOSITION Name of DATE 20c OCATION City of Town State											
AREHART—ECHOLS FUNERAL HOME, INC. LaPlata, MD 20646 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Interval Between Onset and Death Interval Between Death Interval Between Onset and Death Interval Between Death Interval Betw		4 Donation 5 Other (Specify) Metropolitan Crematory 7/2/194 Alexandria. VA											
22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate an above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) DUE TO (OR AS A CONSCOUENCE OF): Bequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF)	1 8	22. NAME AND ADDRESS OF FACILITY AREHART—ECHOLS FUNERAL HOME, INC.											
that Initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH YES NO 1 YES 2 NO NO DEATH 1 YES 2 NO NO DEATH YES 2 NO NO DEATH 1 YES 2 NO NO DEATH 1 YES 2 NO NO DEATH 1 YES 2 NO NO DEATH 1 YES 2 NO NO DEATH 1 YES 2 NO NO DEATH 1 YES 2 NO NO DEATH 1 YES 2 NO NO DEATH 1 YES 2 NO NO DEATH 1 YES 2	IMMEDIATE (disease or co resulting in c	shock, Dr haart fallura. List Dnly one causa on each line. IMMEDIATE CAUSE (Final Onset and Death											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRONDED 24b. WERE AUTOPSY PRONDED 24c. WERE AUTOPSY PRONDED 24c. WAS CASE REFERRED TO MEDICAL 25c. WAS AN AUTOPSY 25c. PLACE OF DEATH (PLOY OF CAUSE OF DEATH (New York) 1 YES 2 NO 25c. WAS CASE REFERRED TO MEDICAL 26c. PLACE OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 26	If any, leadin cause. Enter CAUSE (Dise that initiated resulting in c	g to immediate UNDERLYING ase or injury eventa	c										
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Inpatient 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Panding Investigation 3 Suicide 8 Could not be distarmined Investigation as distance of Chypor Town, State) 28. PLACE OF INJURY At WORK? 1 YES 2 NO 28. PLACE OF INJURY At Home, farm, street, factory, office 29. CERTIFIER (Check only) 29. CERTIFIER (Check only) 29. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, date and piace, and due to the cause(a) and manner as stated. 29. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, date and piace, and due to the cause(a) and manner as stated. 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Year) 29. LARRY JENKINS. M.D. 20. LARRY JENKINS. M.D. 20. LARRY LAND 20646	PART II. Othe	er significant condition	ons contributing to d	eath but not i	reauiting in	the underlyin	g cause given in	Part i.			248		
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. NANNER OF DEATH 1 Netural 2 Se. DATE OF INJURY 1 Netural 2 Se. DATE OF INJURY 2 Se. DATE OF INJURY 2 Se. DATE OF INJURY 2 Se. DATE OF INJURY 3 Sulcide 3 Sulcide 4 Sould not be 4 Se. PLACE OF NAURY — All home, farm, street, factory, office 28e. PLACE OF INJURY — All home, farm, street, factory, office 28e. PLACE OF INJURY — All home, farm, street, factory, office 28e. PLACE OF INJURY — All home, farm, street, factory, office 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — All home, farm, street, factory, office 28e. PLACE OF INJURY — All home, farm, street, factory, office 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — All home, farm, street, factory, office 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — All home, farm, street, factory, office 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — All home, farm, street, factory, office 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — All home, farm, street, factory, office 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — All home, farm, street, factory, office 28e. CERTIFIER (Check only one) 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — All home, farm, street, factory, office 28e. CERTIFIER (Check only one)									1 🗆 YES	2 NO		COMPLETION OF	
27. MANNER OF DEATH 1												1 YES 2	NO
27. MANNER OF DEATH 1	DID TO		CONTRIBUTE	TO CAU	SE OF	DEATH '	YES NO	0 🗆					
27. MANNER OF DEATH 1	25. WAS CASE F EXAMINER?		HOSPITAL:				ACE OF DEATH (C	heck only o	ne)				
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 LA GRANGE AVENUE, PO BOX 1724 LA PLATA, MARYLAND 20646 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	1 TYES	A			DOA 4	☐ Nursing Hon		8 🗆 Othe	r (Specify)				
2 Accident 3 Suicide 4 Homicide 5 Could not be determined 2 Examined 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the ilme, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the ilme, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the ilme, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the ilme, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the ilme, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the ilme, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the ilme, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the ilme, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the ilme, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the ilme, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the ilme, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of exa						Y WO	PRK?	28d. DE	SCRIBE HOW	INJURY OCC	URED		
29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the ilme, date and place, and due to the cause(a) and manner as stated. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the ilme, date and place, and due to the cause(a) and manner as stated. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the ilme, date and place, and due to the cause(a) and manner as stated. 29a. CERTIFIER (Check only one) 2 DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 LA GRANGE AVENUE, PO BOX 1724 LA PLATA, MARYLAND 20646 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	. 1	to extract a	-										
29c. LICENSE NUMBER D-33426 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) B. LARRY JENKINS, M.D. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	3 Suicide	O COURT HOLD	28e. PLACE OF building, et	INJURY — Al ho lc. (Specify)	oma, farm, stre	et, factory, offic		281. LOC City	CATION (Street or Town, State	and Number	or Rurai i	Route Number,	
29c. LICENSE NUMBER D-33426 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) B. LARRY JENKINS, M.D. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	29a. CERTIFIER (Check only one)	CERTIFYING PHY											
29c. LICENSE NUMBER D-33426 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) B. LARRY JENKINS, M.D. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	3			mation and/or	urveatigation,	n my opinion, o	wath occured at the	e Ilme, date	end place, a	nd due to the	cause(a) and manner as	stated.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) B. LARRY JENKINS, M.D. 31. DATE FILED (Month, Day, Year) 32. REGISTRAT'S SIGNATURE	29b. SIGNATURE	AND TITLE OF CERTIFE	EH //4	1						29d, DATE	SIGNE	(Month, Day, Ybar,)
B. LARRY JENKINS. M.D. 111 LA GRANGE AVENUE, PO BOX 1724 LA PLATA, MARYLAND 20646 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		ADDRESS OF BERNA	NO COMPLETE	05.05							///	117	
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	B. LA	RRY JENKINS		OF DEATH (ITE	M 27} (Type, Pr	111 LA I	LA GRANC LATA, MA	GE AV ARYLA	ENUE, ND 20	PO B0 646	OX 1	724	
			1 . 8	'S SIGNATURE) ,								



CIP

ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO FILM G-713 7/22/94 t.t

	У	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTA	L HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	AY YE	3. TIME	OF DEATH	
		DIANNE	MARIE		PAYTON		JUI	7	1994		:30	P
P		120-40-4371		(In yrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont) 9/4	05 BIRTH	9 1	New Y	State or Fore	iign
2, 3 should	OR	90. FACILITY NAME (If not institution, give street end number) 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH										
SS.	<u> </u>	REGIDENCE OF COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
mit. Page	L DIRECTOR	Maryland 10e, STREET AND NUMBER	Harford			Fa.	llst	on	T	1 🗆 Y	HITS? ES 2 X N	10
ansit per	FUNERAL	3010 Fra	nklin Chan	ce Driv		f. ZIP CODE	047			OF WHAT CO		
ing physician. the burial-transit permit. Pages 1,	ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp	CENDENT OF HISPAI Hecity Cuban, Mexico 3 2 NO Specif	en, Puerto I			RACE — Ame Block, White, Specify:	etc.	10
or attending or use as the	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION ocompleted) College (1-4 or 5 +)	18e. DECEDENT'S (Give kind of v	USUAL OCCUPATION ork done during more retired.)	ON ost of working	16b	. KIND OF BU	SINESS/INDUST		J 2 Cd4.	
the hospital or detached for once.	COMPLET	12	ì	H	omemak	er			Home			
	0.0	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, I	Middle, Maiden				
ad by	BE	Edward	Hall:	inean			n		Miter			
retained 5 should notlfled	2	19e. INFORMANT'S NAME (Type/Print) David J. Pay	ton			#10	Route Num	ber, City or Tow	n, State, Zip Coo	de)		
be de pe		28 METHOD OF DISPOSITION	20b	D. PLACE AND DATE	OF DISPOSITION (N	ame of	DAT	E 20c. LO	CATION - City	or Town, State		_
a ge e		1-1 Buriel 2 Cremetion 3 Rem 4 Donetton 5 Other (Specify)	oval from State	oly Sep	ulchre	Cem.			heste			ork
ter death. Page 6 mi the funeral director, wal.		21. SIGNATURE OF FUNERAL SERVICE LIC	den Kurk	In the second	22. NAME A	no ADDRESS OF FA rtz Fur rretts	cility 1era	l Hon	ie		1084	
e be executed within thours after sician and completely filled in by the prior to burial, cremation, or remova traumatic event, the medical	rion	23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditions, if any, leading to immediate	e. ACUTE ALCOH DUE TO (OR AS A	ech line.	ATION F):	7, 6			,	in	pproximat terval Bet nset and I	tween
th certificat ending phy I Hygiene s or other	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in death) LAST c. DUE TO (OR AS A CONSEQUENCE OF):										
that the ded by the th and Me any Injur	A	PART II. Other algnificent condition	e contributing to death b	out not reculting	in the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR	RMED?	OF DEA	LE PRIOR TO ETION OF CAI TH?	USE
been sign t. of Heali shows	Σ	DID TOBACCO USE (ONTRIBUTE TO	CAUSE OF	DEATH Y	ES I NO				1 🗌 YE	S 2 NC)
4: The law cate has b State Dept.	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (CH		ne)				
	YSICI	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	petient 3 🗆 DOA	OTHER: 4 - Nursing Hon	ne SyftyRealdence	8 🗆 Othe	r (Specify)				
this with	РНУ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	JURY AT DRK?			NJURY OCCUR	ED		
NDING : After death	BY	2 Accident Investigation	FOUND 7-3-94 28a. PLACE OF INJURY			YES 2 ND	UNKI 281, LOC		and Number or I	Bural Bouta Nur	nhar	
DR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	4 Homicide determined	building, etc. (Spec	FOUND: AT			DRIVE		3010 FL STON, MA		CHARCI	E
	COMPL	one!	ICIAN: To the best of my know ER: On the basis of examination							ruse(s) end ma	inner es stat	rted.
HOPITA TO THE ATTERAL PETITAL WATER 72 IMPORTANT: 18	BE C	29b. SIGNATURE AND TITLE OF CERNFIE	A 1/ 00			29c. LICENSE NUI	MBER		29d. DATE SI	GNED (Month,	Day, Year)	
IN SEE	0	30, NAME AND ADDRESS OF PERSON WH	e your	ATIA (ITPA: ATIA	Outral	0.0.1	M.E.		<u> </u>	LY 4.	199	14
		Arribarion V	WRELLY	1	n Stre	et Ba	ltim	ore.	Maryl	and 2	21201	
		JUL 1 3 1994	FUND DEVILOR	Thinks.		•			-			

1 1 1 2

FOR STATE REGISTRAR

9
9
9289
~~
-
ВОХ
0
$\widetilde{\sim}$
щ
<u>.</u>
0
n'
habe.
'n
~
ш
Œ
0
75
CORDS
444
œ
- 1
7
IA
5
ш
0
_
Z
0
SION
S
=
>

	1. DECEDENT'S NAME (FIRST, MICHOL, LOS) MURIEZ B. PLOTT	Muriel Brov	n PLOTT	2. DATE OF DEATH	3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	inst birthday) IF UNDER 1	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign						
	223 16 5474 1 M 2 DEF 82		DAYS HOURS MIN,	(Month, Day, Year)	Country) MD						
	9e. FACILITY NAME (If not institution, give street and number)		OWN OR LOCATION OF DE		c. COUNTY OF DEATH Calvert						
CTOB	CALVERT COUNTY NURSUL CENTER	PRII	VCE FRED		CALVERT						
I LL	I II 10e, STATE I 10b, COUNTY	10c. CITY, TOWN OR	LOCATION		10d. INSIDE CITY						
0		Prince	Frederick		1 YES 2 X NO						
AAI			10f. ZIP CODE	10	0g. CITIZEN OF WHAT COUNTRY?						
. I W	ı∥ 85 Hospital Rd.		20678		USA						
2		NO N	res, specify Cuben, Mexicar		No— 14. RACE — American Indian, Black, White, etc.						
8		1 (☐ YES 2 🙀 NO Specify		Specify white						
	15. DECEDENT'S EDUCATION 16a.	DECEDENT'S USUAL OCC (Give kind of work done du	UPATION	16b. KIND OF BUSINE	ESS/INDUSTRY						
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5 a)	life. Do NOT use retired.)									
once.	I I 17. FATHER'S NAME (First, Middle, Last)	Beautician			care						
		ıwn.	Lucy	ME (First, Middle, Maiden Sun	Taylor						
Red a	19a INFORMANT'S NAME (Sma/Brint)			Noute Number, City or Town, S							
TO B	Robert W. Plott			s. Beach, M							
et be		EAND DATE OF DISPOSIT	ON (Neme of		ION — City or Town, State						
Ē	◆ Donation 5 Other (Specify) High	crematory or other place) iland Buria	1 Park 6-2	2-94 Danvi	lle, VA						
examiner must	21. BIGNATURE OF PANERAL BERRICE LICENSEE		ME AND ADDRESS OF FAC		Owings, MD 20736						
	III. Illutar Physics	Rat	isch ruheral	Home, PA	Owings, MD 20730						
medical	28. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between										
	IMMEDIATE CAUSE (Final				Onset and Death						
rent, the	disease or condition resulting in death) a. SEPSIS DUE TO (OR AS A CONS										
e e		SEQUENCE OF):									
or other traumatic e	Sequentially list conditions, if any, leading to immediate	SEQUENCE OF):									
CAT	cause, Enter UNDERLYING CAUSE (Disease or Injury										
or other	that initiated events resulting in death) LAST	SEOUENCE OF):									
CER P	d										
0 =		t resulting in the und	erlying cause given in	Part I. 24a. WAS AN AUT							
a a	THROMBUCYTOPENIA - OR	GANIC B	RAIN SXND	RUSA 1 VES 2 B							
shows ar					1 TYES 2 NO						
	DID TOBACCO USE CONTRIBUTE TO CA	USE OF DEAT		DI CHI							
ed, or item 23 PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	28. BLACE OF DEATH (Che								
Z 0 Z	1 YES 2 1 Inpetient 2 ER/Outpetient 27. MANNER O DEATH 28e. DATE OF INJURY	1	g Home 5 A Residence	6 Other (Specify) 28d. DESCRIBE HOW INJU	TOV OCCUPED						
>	III 1 POT NISTURAL 5 Pending 1	INJURY	WORK?	288. DESCRIBE NOW INJU	INT OCCURED						
O mal —	3 Suicide a Could not be 28e. PLACE OF INJURY — At	home, farm, street, factor			Number or Rural Route Number,						
E 00 III	4 Homicide determined			City or Town, State)							
Item PLE	29e. CERTIFIER (Check only 1 CHERTIFYING PHYSICIAN: To the best of my knowledge,	death occurred at the firm	e, date end place, end due	to the cause(e) end menner	as stated.						
ANT: If Item 2 COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examination and/o										
를 듣니 때	296. SHIMATURE AND JITLE OF CERTIFIER		29c, LICENSE NUM	IBER 21	ed. DATE SIGNED (Monty, Day, Year)						
M S O	Man N P/ Page 1 has		D263	58	6/19/99						
	ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Print)	- 51								
	TO HN H. WEIGEZ MO THE FILED (Month, Day, Year) 12. REGISTRAP'S SIGNATURE	-PRINCE	TKF) FE	rick "	3-20678						
	JUN 24 1994 Sawdien	Rardalle									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1
BALTIMORE, MARYLAND 21215-	
-	
N	
. 4	
Ξ.	
3	
-	
₽.	
7	
<u>_</u>	
d	
	1
and .	
>	
PAPE	
-	
ď	
-	
2	
_	
-	
200	
=	
	9
-	
-	
	-
_	
	1
-	
-	•
-	
	4
_	
-6	
98/89	
9	
-	1
20	
~	1
-	- 1

DIVISION OF VITAL RECORDS, P.O. BOX 6

משב וווויסוור, ווויסוור ביוויס בול וסיסבס	s after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the bunial-transit permit, Pages 1, 2, 3 should emoval.	dical examiner must be notified at once.	
STATE OF THE COURT, TO THE COURT,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of health and Mental Hygiene prior to burlal, cremation, or removal.	iMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumetic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	HEGISTIAN			0	-111111	ICATE	- 01	DEATH		HEG. NO.				
	1. DECEDENT'S NAME (First,	Middle, Last)							2	DATE OF DEATH		YEAR 3	. TIME OF DEATH	141
	John W	illi	am Quin	lan						June 30			320 A	М
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. In:	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 H		DATE OF BIRTH			ACE (State or Foreign	m
	719 10 671	1	1 JM 2 □ F	74	YRS.	MONTHS	DAYS	HOURS M	IN.	(Month, Day, Year)	101	Country)	rginia	
	9e. FACILITY NAME (If not ins			/4		21 457		OR LOCATION O		pril 24				
~						1881				н		NTY OF DEA		1
Ö	Charlotte	Hal	<u>l Veter</u>	ans Ho	me	Cha	arl	otte 1	Hal		St	. Ma	ry's	1
5	10e. STATE								_					
<u> </u>								1	Od. INSIDE CITY LIMITS?	- 1				
1 1	Time / Edital Ode / Ode / Decinated								☐ YES 2 NO					
₹	10e. STREET AND NUMBER						101	. ZIP COOE		1-2	10g. CITI	ZEN OF WH	AT COUNTRY?	
LE	7601 Bond	Stre	et					206	85		UNi	ted	States	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT OF H	ISPANIC	ORIGIN? (Specify Yee	or No-	14. RACE -	- American Indian,	
	1 Never Married 2 L	Married	FORCES? 1	YES 2 1	NO		If yes, sp 1 □ YES	ecify Cuban, M 2- NO S	lexican, F	Puerto Ricen, stc.)		Black, \ Specify:	White, etc.	
B	3 Widowed 4 Divo	rced	Kor				, , , ,	X	apacity.			ороску.	white	
8	15, DECI	EOENT'S EDU	CATION	16a. DE		USUAL O				16b. KIND OF BUS	INESS/IND	USTRY		
E	(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5	Ma	Bive kind of a. Do NOT u	work done	during mo	st of working						
7	E-emerical y/Secondary (o	12)	4		gine	or				Cand I	о по	lonh	ono	
COMPLET	17. FATHER'S NAME (First, Mi	idella Landi	-3	EIL	gine	EL				(First, Middle, Meiden		rebu	One	
			_											
띪	Stephen C		n							e Ammons				
2	19e. INFORMANT'S NAME (7)	/pe/Print)		19	H. MAILING	ADDRESS	S(Street o	and Number or F	Rural Rout	te Number, City or Town	, State, Zip	Code)		
-	Mary P. Qu	inlan		7	601	Bone	d S	t. St	. L	eonard N	Mary	land	20685	
	20a. METHOD OF DISPOSITI		ality and a second	20b. PLACE	AND DATE	OF DISPOS	ITION (No	ime of		OATE 20c, LOC	CATION -	City or Town	n, State	
	1 Burial 2 Cremetio	n 3 ⊔ Han (Specify)	noval from Stata	Metr	omatory or o	other place)	n F	nera	Ja	Bev30e19	994A	lexa	ndria V	7A
	21. SIGNATURE OF FUNERAL		CENSEE	THE CL	0001			ND ADDRESS C						
	20	~	1							Rausch	n Fu	nera	1 Home	
	DA	(X	UD (44	05	Broome	es	Is. Rd.	Por	t Re	public	M
	23. PART I, Enter the di	seases, or	complications the	it caused the de	esth. Do	not enter	the mo	de of dylng,	such s	s cardisc or respin	ratory arr	est,	Approximate Interval Betw	
	IMMEDIATE CAUSE (Fin disease or condition resulting in death)	ai →	a	(OR AS A CONSE	OUENCE C	کر (۲)		ung		Cancel			Onset and De	esth
ATION	Sequentially list condition of the sequential of	diate	b. DUE TO	(OR AS A CONSE	OUENCE C	NF):								
CERTIFICATION	CAUSE (Disease or Injuithat Initiated events resulting in death) LAS	7	c. DUE TO	(OR AS A CONSE	OUENCE C	P):								
빙			u.										1	
	PART II. Other significan	nt condition	ns contributing to	desth but not	resulting	In the un	deriyin	g cause give	n In Pa	rt i. 24a. WAS AN			PERE AUTOPSY FINDI	NGS
EDICAL	100									_ 1 □ YES 2		C	OMPLETION OF CAUS	SE
200												1	F DEATH?	-
2										-				
A	25. WAS CASE REFERRED TO	MEDICAL					24 04	ACE OF DEAT	14 004				21 4 2	-
豆	EXAMINER?	MEDICAL	HOSPITAL:	=0.000 = 100		OTHE	9 :							-
ΥS	1 TES 2 NO		1 Inpatient 2		-				-	Other (Specify)				
BY PHYSICIAN:		Pending Investigation	28e. DATE OF (Month, L		28b. TH	ME OF JURY M	WC	URY AT ORK? YES 2 NO		8d. DEŞCRIBE HOW IP	JURY OC	CURED		
8	3 Suicide 8 🗆	Could not be determined	26e. PLACE (building.	OF INJURY — At he, etc. (Specify)	ome, farm,	street, fact	lory, offic	•	21	81. LOCATION (Street e City or Town, State)	nd Number	or Rural Rou	ite Number,	
1 1 1	29e. CERTIFIER	IFYING DUV	ICIAN: To the best of	mu knowleden d	anth can-	and at the	done de	and alone	d due to	the cause(s) and man				
COMPLET	Consoli siny									ne, date and place, and	F-2 11/4/10		and manner ee state	id.
	29b. SIGNATURE AND TITLE	OF CERTIFIE	R 1	//				29c. LICENSI	E NUMBE	ER I	29d. DAT	E SIGNED (A	Aonth, Day, Year)	
BE		//	/////											,
일	30. NAME AND ADDRESS OF	PERSON W	HO COMPLETED CALL	SE OF OFATH ATE	M 970 /E-	Delet'	_	D33	123		U	one	30,199	4
b	Jonathan		nthal,	M.B. 1	20 I	HOsp	ita	lRd.	Pri	nce Fre	deri	ckMD	20678	
	31. DATE FILED (Month, Day,	1 199	4 32. REGISTRA	AR'S SIGNATURE	aidalle	The same								
						-								

STA CONTRACTOR

	d
~	
~	
. BOX 68760	
00	
(0)	
-	
~	
$^{\circ}$	
=	
•••	
0	
0	
- *	
۵.	
_	
40	
(1)	
0	
_	
œ .	
=	
0	
13	
U	
ш	
_	
RECORDS, P.O.	
_	
ď	
>	
OF VITAL	
_	
_	
Z	
S	
DIVISION	
-	
_	

	Pages 1, 2, 3 shou		
ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit, oval.	al examiner must be notified at once.	
OTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	UTHE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTARE If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1. DECEDENT'S NAME (First, Middle, Last)	Piddon c			2. DATE OF DEATH DAY	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In vi	s, last birthday) F UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	94 Telle Of
	218 14 8026	1 M 2 🗆 F	9 VRS. MONTHS	DAYS HOURS MIN.	11 18 1924	Woodlawn Maryl
	Baltimore Veterant Hesidence of Decedent	s Affories Medice	elderta 1	3alitimore	MD 50. CO	Baltimore City
	10e. STATE 10b. COUNTY MORLY AND NUMBER 10e. STREET AND NUMBER	timore Couly	616 Be	enly Road Re	isterestown mo.	21136 1 VES 2 NO
	616 Beverely	Road		for ZIP CODE	6 10g. Cd	USA
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 1 YES 2 IF YES, GIVE WAR OR DATES	NO	Hyes, specify Cuban, Maxic 1 YES 2 NO Speci		14. RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 16s ompleted)	Give kind of work done	during most of working	16b. KIND OF BUSINESS/II	NDUSTRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	TRUCK	DRIVER	TRUCK	DRIVER
	17. FATHER'S NAME (First, Middle, Last)	Riddle		18. MOTHER'S N	AME (First, Middle, Majden Surname) Ze B/200 /	ts
	190. INFORMANT'S NAME (Type/Print) Bessie 0.	Riddle	1	everty 12d.	Route Number, City or Town, State, 2 Recisters to	1 -113/
	20e. METHOD OF DISPOSITION DE Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from Stata 20b. PL/ cemeters	ACE AND DATE OF DISPO y, crematory or other place	DI	1 1 1	- City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	O. O. and I	222	Eckhardt 11605 Reis	- Funeral (Chape L ZIII
1				1605 4613	· Red. () wine	,3 Wills. 14d
	IMMEDIATE CAUSE (Fine) disease or condition	emplications that coused the lat only one couse on each	a death. Do not ente	or the mode of dying, such	ch as cardiec or respiratory &	Approximate Interval Between Onset and Deat
	shock, or heart fellure. Li IMMEDIATE CAUSE (Finel	Metastati	e death. Do not enter line.	or the mode of dying, such		Approximate Interval Betwee Onset and Deat
	shock, or heart feilure, Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A CO	e death. Do not enter line. C Penal NSEOUENCE OF):	or the mode of dying, such	ch as cardiec or respiratory &	Approximate Interval Betwee Onset and Deat
	shock, or heart feilure, Li IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Metastati DUE TO (OR AS A CO	e death. Do not enter line. C Penal NSEOUENCE OF):	or the mode of dying, such	ch as cardiec or respiratory &	Approximate Interval Between Onset and Deat
	shock, or heart feilure, Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	e death. Do not enterline. C ROMA NSEOUENCE OF): NSEOUENCE OF):	or the mode of dying, such	inama tot	Approximate interval Between Onset and Deat August 2 1/2 Mon 1 Welk Y 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
	shock, or heart feilure, Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	e death. Do not enterline. C ROMA NSEOUENCE OF): NSEOUENCE OF):	or the mode of dying, such	i Pert I. 248. WAS AN AUTOPS	Approximate interval Between Onset and Deat 2 1/2 Worm 1 Well K
	shock, or heart feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	DUE TO (OR AS A CO	e death. Do not enter line. C REMARKATION OF STATE OF ST	or the mode of dying, such a control of the mode of dying, such a control of the	Pert I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	Approximate interval Between Onset and Deat Augo 2 /2 mon 1 Well Ware Autopsy Findings Anal. Able. Prior To Completion of Cause Of Death?
	shock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A CO	e death. Do not enterline. C. Royal March 1999 (1999) NSEQUENCE OF): NSEQUENCE OF): OTHER 3 DOA 4 N.	or the mode of dying, such a s	Part I. 24a. WAS AN AUTOPS PERFORMED? 1 U YES 2 NO	Approximate interval Between Onset and Death 2 1/2 Mon 1 Well War 2 1/2 Mon 1 Well War Autopsy Findings Available Prior to Completion of Cause of Death 1 Yes 2 No
	shock, or heart feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR	a death. Do not enterline. C ROYAL NEOUENCE OF): NSEOUENCE OF): NSEOUENCE OF): NOT resulting in the unit of the control of	inderlying ceuse given in 28. PLACE OF DEATH (C. ER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	Part I. 24a. WAS AN AUTOPS: PERFORMED? 1 YES 2 NO heck only one) 8 Other (Specify) 28d. DESCRIBE HOW INJURY O	Approximate interval Between Onset and Deat onset and Deat onset and Deat of Deat of Death of
	shock, or heart feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO	a death. Do not enterline. C ROYAL NEOUENCE OF): NSEOUENCE OF): NSEOUENCE OF): NOT resulting in the unit of the control of	inderlying ceuse given in 28. PLACE OF DEATH (C. ER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	Part I. 24a. WAS AN AUTOPS PERFORMED? 1 U YES 2 NO	Approximate interval Between Onset and Death V 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

6 may be retained by the hospital or attending physician. ctor, page 5 should be detached for use as the burial-transit permit. BALTIMORE, MARYLAND 21215-0020

funeral director,

removal. medicai

the cremation,

日本 marked.

them

BE

29b. SIGNATURE AND TITLE OF CERTIFIER

Sharon

6

31. DATE FILED (Month, Day, Year) 19 94

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MI

11055

32. BROWTRAND SIGNATURE Falls William Reveall

Little

other

Pages 1, 2, 3 should

ROX RECORDS DIVISION OF VITAL

į	deat	5
	after	by the moval
	OUITS	d in 1
	-	filler ion,
	OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within hours after deat	DHECTOR After the centificant has been signed by the attending physician and completely filled in by the funitions after beats with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
2	nted	comial, c
5	execu	and o
5	2	ician ior t
3	ficate	phys ne pi
,	certi	ding
	eath	atten ntal h
2	the d	S €
=	that	אם לי
>	lires	signe
Ė	2800	10
1	商	Dept
	Ē	養養
•	8	62
5	HAS.	が
:	S	調
100 CO . C C. CO . C C. CO . C C.	ENDI	田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田
	F	EST FEET
ì	8	F D

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Rigney Edgan 12:20 06 4. SOCIAL SECURITY NUMBER 6. AGE (In Vis. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 🖳 M 2 🗌 F YRS. 213-20-1043 68 7-3-25 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Howard Count HOSP DIRECTOR Columbia Howard RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Howard Ellicott City 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 3338 Coventry Court 21042 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 K Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced WWII White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elemantary/Secondary (0-12) College (1-4 or 5+) Milkman Wholesale Delivery 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) te Edgar N. Rigney Sr BE Beulah Shannon notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Viginia L. Rigney 3338 Coventry Court Ellicott City, MD 21042 20e. METHOD OF DISPOSITION
1 Sp Burlal 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 90 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must Veterans —Garrison Forst6/22 Owings Mills, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harry H Witzke Funeral Home Inc 4112 Old Columbia Pike Ellicott City21043 23. PART I. Enter the discount or complications that caused the de-shock, or heart failure. List only one cause on each line. d the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final) disease or condition respiratorn 24 hrs. arrest resulting in deeth) traumatic event, DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF) 24 - 48 hrs CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury oue tolor as a consequence of: lymphadenopathy-right lung thet initiated eventa reaulting in death) LAST 0 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO OF DEATH? 1 YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO [23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) b 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY Z Accident Investigation 28a. PLACE OF INJURY -- At home, farm, streat, factory, offica building, str. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) M COMPLETED 8 Could not be 4 Homicide 8 29a. CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL within 72 STANT: II TO THE FUNERA DE Sted WITHIN 72 IMPORTANT: # 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.

Olumbia

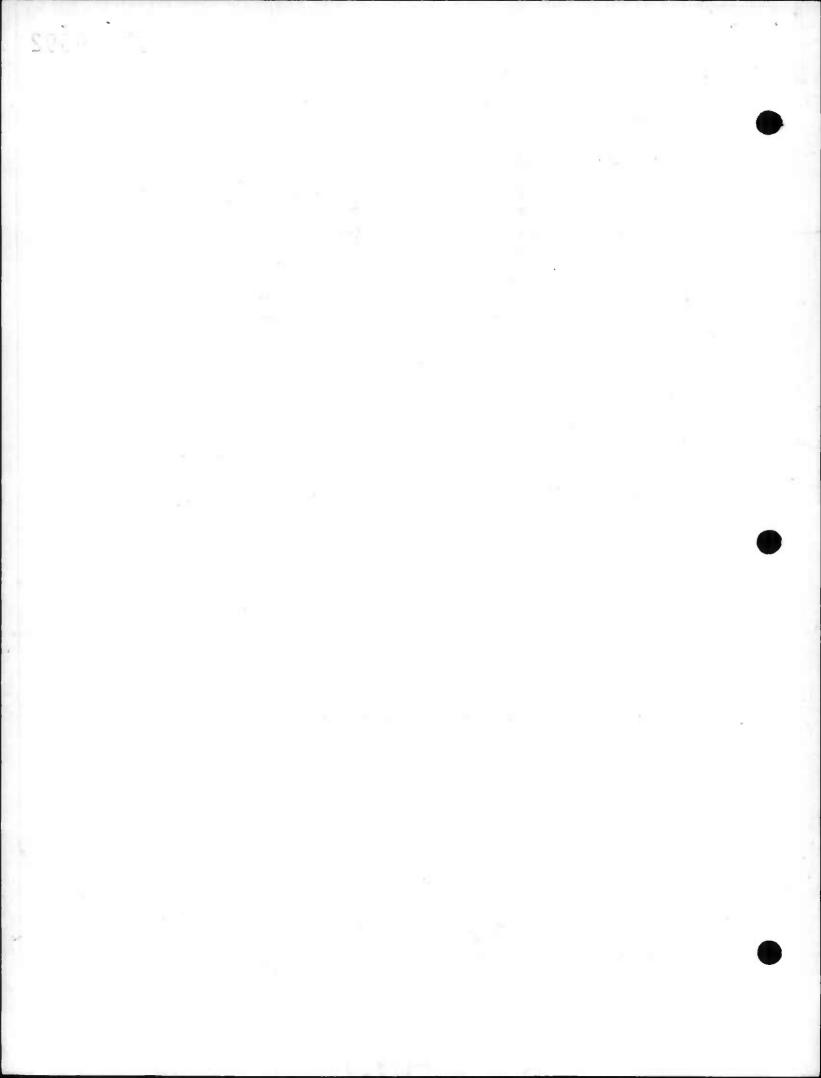
94

29d. DATE SIGNED (Month, Day, Year)

19

MD - D44800

atuxens

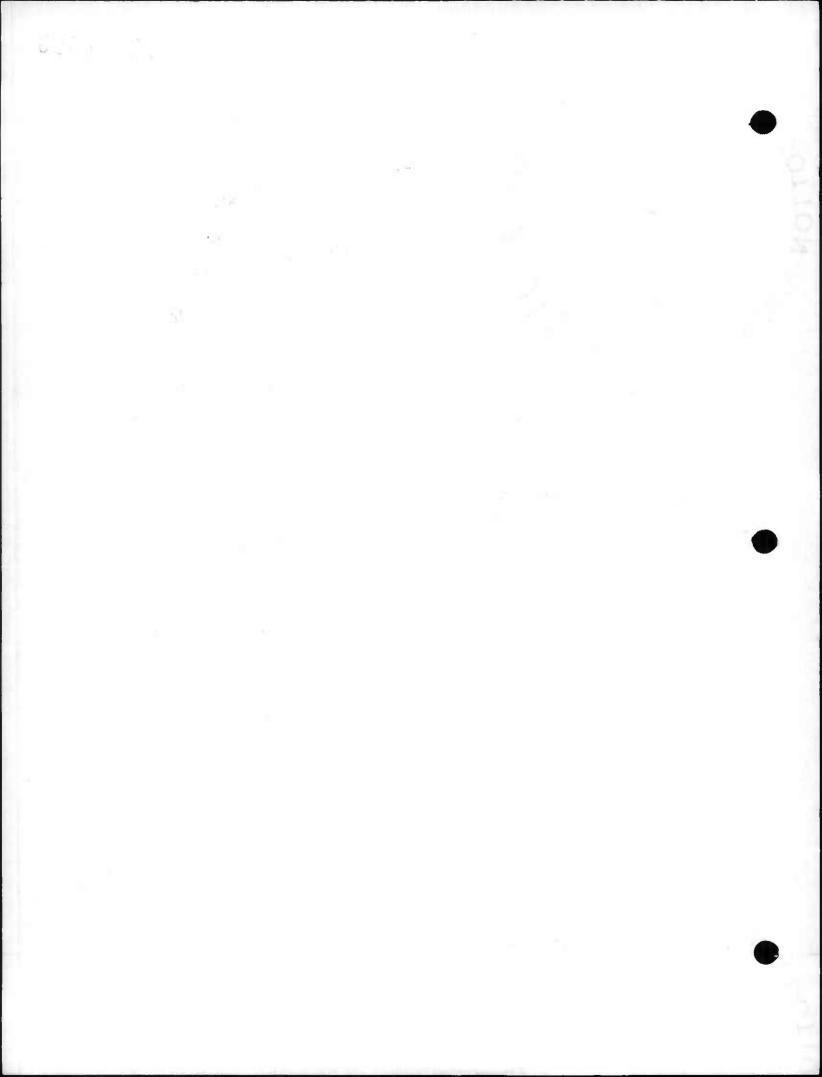


_	ĕ
	ı
00	WILL
0/00 \	executed
	8
٧	63
5	certificat
Ċ	=
ń	deal
Š	the
_	that th
	requires 1
3	34
VI AL	The
0 0	NTTENDING PHYSICIAN: T
NO COLO	
-	OR.
3	7

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH June 4:14 pm obinson Eugie Mav 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Formice 1 🗌 M 2 🖫 F 213-16-8073 90 May 28, 1904 Maryland Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PENINSULA REGIONAL MEDICAL CENTER DIRECTOR SALISBURY WICOMICO RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Wicomico Mardela 1 - YES 2 X NO permit. 10e, STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE Baptist Church Rd. use as the burial-transit 21837 USA retained by the hospital or attending physician. 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 YES ZXXNO Specify. Specify: BY 3 K Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig H Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8 Homemaker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F Richard E. Bailey BE Rachel Ann Lloyd notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 s Richard E. Robinson 8490 Riggin Rd., Mardela Springs, MD 21837 20 pe 20e. METHOD OF DISPOSITION
1 KI Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Раде 6 тау DATE must funeral director, 4 Donation 5 Other (Specify) 6/25 Mardela Memorial Park Mardela Springs, MD 21. SIGNATURE OF UNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
Holloway Funeral Home after death. 501 Snow Hill Rd., Salisbury, MD 2180 filled in by the fillion, or removal. owa the medical A PART I. Enter the diseases, or complications the dused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only and on each ilne. interval Between ŏ MMEDIATE CAUSE (Fine) **Onest and Death** A PULNOTTRY ARREST cremation. disease or condition reaulting in deeth) event, DUE TO (OR AS A CONSEQUENCE OF): and con burial, t mI traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) 2 if any, leading to immediate cause. Enter UNDERLYING prior ADDOMINAL CHARETROPE, CAUSE (Disease or injury other Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events feraled ABarrinal Viscus LGHRS Support resulting in deeth) LAST 6 the atter Mental injury. PART ii. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS and a AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE signed Health a 1 YES 2 NO ADMINCED Age OF DEATH? 1 YES 2 NO been 1. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TO PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL:
1 | Input lent 2 | ER/Output 3 | DOA **EXAMINER?** OTHER: 1 YES 2 NO 8 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this c 1 Natural 5 Pending Investigation м 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 69 8 Could not be DIRECTOR: 200 4 Homicide COMPLET Пеш 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner se stated. FUNERAL I = 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER TO THE P 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 6/21/90 Craw MD 39813 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Heserolway Arive stees mo 1104 M ATKINS MO 20801 Saucher Pardell 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JUN 22 1994



REG NO

DIVISION OF VITAL RECORDS, P.O. BOX 68760

5 1994

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH 3. TIME OF DEATH 1994 GEORGE ALBERT SEVICK, SR. July 2, 8:48 a M 4. SOCIAL SECURITY NUMBER S SEY 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH AUG. 4, 1921 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Maryland 218-05-9440 1 M 2 F 72 Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Carroll County General Hospital Carroll Westminster DIRECTOR RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Keymar Maryland Carroll 1 TES 2 THO permit. FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 101. ZIP CODE 21757 1460 Keysville-Bruceville Road burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES ₩₩ I.I. 11 MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, atc. **BALTIMORE, MARYLAND 21215-0020** 1 Never Married 2 K Married 1 TES 2 TONO specify: Caucasian Specify: BY 3 Widowed 4 Divorced use as the COMPLETED 15. DECEDENT'S EDUCATION ecily only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY /Sou detached for Elementary/Secondary (0-12) College (1-4 or 5+) St.orekeeper Retail 17. FATHER'S NAME (First, Middle, Lest)

James Sevick DACE. 18. MOTHER'S NAME (First, Middle, Meiden Symame)
Mary Strubin 2 BE notified ; funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1460 Keysville-Bruceville Rd., Keymar, 2 Leona A. Sevick 21757 2 20a_METHOD OF DISPOSITION
1 🖾 Burial 2 🗆 Cremation 3 🗆 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must St. Joseph's Cemetery 7/5 Taneytown, MD 4 Donetion 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY Skiles Funeral Home examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE iles 136 E. Baltimore St., Taneytown, MD 21787 the medical 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, in by shock, or heart failure. List only one cause on each line. Interval Between 6 filled Onset and Death IMMEDIATE CAUSE (Final the disease or condition NOW SMACE and completely fi CELL. WWG CA resulting in death) event DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury attending physician certificate be DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 the attent PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL A PE MAILABLE PRIOR TO VEDA CAVA SYNDROME amy COMPLETION DF CAUSE OF DEATH? signed t 1 YES 2 NO BERNIARY - HORDER 1 YES 2 NO of of PHYSICIAN: has be Dept. The law 8 25. WAS CASE REFERRED TO MEDICAL 25. PLACE OF DEATH (Check only one) certificate h HOSPITAL:
1 Dipatient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: 4 ☐ Nursing Home 5 ☐ Rasidence 6 ☐ Other (Specify) the the 5 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 284, DESCRIBE HOW INJURY OCCURED this marked, 1 Natural 8 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death them 28 is mark BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 🔲 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 DERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. TO THE FUNERAL OF THE FUNERAL DE filed within 72 h 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, 29b. SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE 135393 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) KRU 904 WASHINGTON RO SUITED FZIISCH, AJZIUMTEN 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

212-05-1010 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATIO DIRECTOR Dulaney Towson Nursing Center Towsor RESIDENCE OF 10c. CITY, TOWN OR LOCATION Baltimore Maryland Timonium 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 2124 Dulaney Valley Road use as the burial-transit hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cubs 1 Never Married 2 Married BY 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade (Give kind of work done life. Do NOT use retired.) ğ Elementary/Secondary (0-12) College (1-4 or 5+) 12 funeral director, page 5 should be detached Housewife once. 17. FATHER'S NAME (First, Middle, Last) retained by the H. Bernard Singer BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number 2 2124 Dulaney Valle George F. Stricklin ours after death. Page 6 may be 9 20a. METHOD OF DISPOSITION
1 □ Burlat 2 🗷 Cremelton 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of must Carroll 4 Donation 6 Other (Specify) Cremations 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS 934 S. Ma ysician and completely filled in by the prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dyle shock, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final the state of disease or condition resulting in death) ensis event, DUE TO (OR AS A CONSEQUENCE OF) Ceresionscala acc.d traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) if sny, issding to immediate OR ATTENDING PHYSICIAN: The law requires that the death certificate be attending physician cause. Enter UNDERLYING CAUSE (Disease or Injury / the attending phy: DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse gi MEDICAL signed by the amy has been a Dept. of F PHYSICIAN: Nem 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DE this certificate h **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO 1 Dipatient 2 ER/Outpetient 3 DOA Home 5 🗆 Res 6 26s. DATE DF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 20c. INJURY AT WORK? marked, 1 Natural 5 Pending 1 YES 2 | BY After death 2 Accident Investigation 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: AL 3 Suicide .09 6 Could not be COMPLETED 4 Homicide 28 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, TO THE FUNERAL ITO THE FUNERAL ITO THE FUNERAL ITO THE MININ 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurs 29b. SIGNATURE AND TITLE OF CERTIFIER BE mo 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7801

Greene

31. DATE FILED (MO)

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Stricklin

6. AGE (In yrs. last birthday)

Doris A.

1 M 2 K F

6. SEX

ERTIFIC	CATE OF	DEATH		REG. NO).		
			2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEATH
cklin			Jul	_	199		8:05 P
	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Monti	of BIRTH h, Day, Year)	1913	Countr	IPLACE (State or Foreign ry)
		OR LOCATION OF D			9c. COU	NTY OF D	EATH
		Towson			Be	ltin	ore
10c. CITY,	TOWN OR LOC						10d. INSIDE CITY
	Timo	nium			-15		1 YES 2 NO
	'	or. ZIP CODE 21093			10g. CIT	USA	WHAT COUNTRY?
RMED NO	If yes, s	CENDENT OF HISPAI pecify Cuban, Maxico S 2 2 NO Specif	n, Puarto		s or No—	14. RACE Black Speci	E — American Indian, k, White, etc.
ECEDENT'S U Give kind of wo le. Do NOT use HOUSEV	SUAL OCCUPAT rk done during n retired.)	ION lost of working	16b	. KIND OF BU	ISINESS/INC	DUSTRY	
HOUSE	ille	16. MOTHER'S NA	ME (First	Micicila, Maiciar	Sumame)	-	
		Edith			, Jane)		
b. MAILING A	DDRESS (Street	and Number or Rural			vn, State, Zij	Code)	
2124 [ulaney	Valley 1	Road,	Timo	nium,	Md.	21093
	DISPOSITION //	Name of	DAT	E 20c. LC	OCATION —	City or To	wn, Stata
roil (renati	ons	17/8	Ha	mpste	ad,	Maryland
	10.9	AND ADDRESS OF FA		Eline			Home Md. 21074
lesth. Do no		ods of dying, suc					Approximate interval Between Onset and Daet
EOUENCE OF):		cide ,	1				
EDUENCE OF		(1.00)					
LOOLNOE OF).							
EOUENCE OF):							
rasulting in	the underlyl	ng ceuse given in	Part I.	24a. WAS AI PERFO 1 YES	RMED?	24b	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	20	PLACE DF DEATH (C/	neck netr o	nel			
3 DOA	OTHER:	me 5 Residence					
26b. TIME	OF 28c. If	JURY AT	_	SCRIBE HOW	INJURY OC	CURED	
ome, farm, str	eet, factory, off		28f. LOC City	CATION (Street or Town, State	and Numbe	r or Rural i	Route Number,
		te and piece, and du					s) and manner as stated.
		29c. LICENSE NU	MBER				(Month, Day, Year)
EM 27) (Type, F	780	1 Took .	29.	. Sc.	h 10	()	10cs 212-4

at the same of the same of

~	23	20	-
ш	23	£ 0	-
_*	E	- 6	~
0	6	5.5	0
0.	0	るも	=
-	#	ज क	-
40	9	# 5	2
(0)	60	¥ e	3
	6	==	E
œ	900	5 5	200
$\overline{}$	=	20	=
9	60	E 5	10
O	9	e e	15
ш	9		6
OC.	ē	90	듟
	3	0 5	63
	co	as o	2
•	9	0 0	E
 	-	ta ta	0
=	Ż	50	-
	Ä	문원	0
1	3	9 7	
0	. ⊱	S	9
_	<u>a</u> .	5 5	£
Z	9	in the	6
0	Z	Att Jea	
DIVISION OF VITAL RECORDS, P.O. B	9		.00
S	Ш	등	00
	-	E *	0
2	er.	문일	E
$\overline{\Box}$	0	5 5	9
_	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physic be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene pr	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other t
	E	\$1	
-	60	및 등	
	ŏ	5 =	=
-	T	₩ *	E
1)	摧	보 3	6
R		一年	0
- 1 \	12	2 %	Ξ
	4.		

	pine	
	3 sho	
	1, 2,	
	Sec	
	Page	
	ermi	
	ISit p	
Clan.	I-trar	
	buria	
Die of	se as the burial-transit per	
atten	38	
5	or us	
SPIE	ped f	
E 19	etact	nce
5	9	75
Dau	pino	led
9	5 sh	not
9 06	age	pe
0	tor.	Tust
900	direc	er n
July aries beattly, may	lled in by the funeral director, page 5 should be del	E
90	he fu	exe
S dill	by the	dica
100	ed in	E
7	ly fill	the
	plete	CENT,
2	COM	0
CACL	and of	ша
200	Sicial	Is is
200	phy a	ther
5	ndin	0 0
negr	e atte	UT,
ii nie	by th	E
e mid	as been signed by	an
udniile	I SIG	MOL
- A	s bee	, ga
2	te has	E S
W.	tifical Ses	ir it
1300	ECTOR: After this certificate has been signed by the	d, o
5	er thi	arke
NDIN	t: After	is H
A) E	CTOR	200
5	AL DIRECT	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
2	J&	7 =

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest) ERIC	WAYNE	S	SPRINGER	JUNE 29°	AY 1994 YEAR	3. TIME OF DEATH 3:05P
	4. SOCIAL SECURITY NUMBER	12	110	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Coun	
	214-11-0253 9e. FACILITY NAME (If not institution, give s		20 YRS. WO	CITY, TOWN OR LOCATION OF I	FEBRUARY 1	L2,74 Ma	ryland
OR	BAYVIEW MEDICA			Baltimore C			
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. CITY, TO	OWN OR LOCATION			10d, INSIDE CITY
FUNERAL DIRECTOR	Maryland Charl	es	Wa1	dorf			LIMITS?
RAL	100. STREET AND NUMBER 2900 Jackson Cour	+		101. ZIP CODE 20602		1 -	WHAT COUNTRY?
UNE	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13. WAS DECENDENT OF HISP		United S	E — American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES		If yes, specify Cuben, Maxic 1 TES 2 NO Spec			ik, White, etc. ://y: 11te
	15. DECEDENT'S EDU (Specify only highest grade	I CATION	16a. DECEOENT'S USL		16b. KIND OF BU	SINESS/INDUSTRY	irte
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use rei	2011		(D)	
OMP	10 17. FATHER'S NAME (First, Middle, Last)	0	Security		Securit	y/Protec	tive
BE C	Roger Wayne Sprin	ger			ie Constanc		ıqs
TO B	19a. INFORMANT'S NAME (Type/Print)			ORESS (Street and Number or Rura	I Route Number, City or Tow	n, State, Zip Code)	
	Roger W. Springer		2900 Ja	ckson Court,		aryland 2	
	1 X Burlel 2 - Cremetion 3 - Rem	oval from State	d. Veteran	S Cemetery 7	1		
	21 SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22, NAME AND ADDRESS OF F	FRAL HOME	TNC	.,
	Mark G. Broha	wn M0005	3	P.O.BOX 156,	WALDORF, MA	ARYLAND 2	0604
	23. PART I. Enter the diseases, or a shock, or heart fellure.	complications that cause List only one ceuse on e	d the deeth. Do not each line.	enter the mode of dying, au	ch as cerdlec or resp	iratory arrest,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Justo	CONSEQUENCE OF:	1 Head			Onset and Death
z		b.	CONSCOURNCE OF).				
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):				
ERT	resulting in death) LAST	d					
AL C	PART II. Other significent condition	ns contributing to death b	out not resulting in the	ne underlying ceuse given i	Part I. 24a. WAS AN		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC							
ME						P □ NO	COMPLETION OF CAUSE OF DEATH?
Z	DID TORACCO LISE (CONTRIBUTE TO	CALISE OF D	EATH VES TO NO	1 YES 2	ted .	COMPLETION OF CAUSE
Z	DID TOBACCO USE (EATH YES NO	limb	ted	COMPLETION OF CAUSE OF DEATH?
YSICIA		CONTRIBUTE TO HOSPITAL: 1 Xinpetlent 2 ER/Outs			lineck only one)	ted .	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X) YES 2 \(\square\) NO 27. MANNER OF DEATH		patient 3 DOA 4 DOA 4 DOA 10 D	28. PLACE OF DEATH (CITHER: Nursing Home 5 Residence 28c. INJURY AT WORK?	lineck only one)		COMPLETION OF CAUSE OF DEATH?
A	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1	Dostlent 3 DOA 4 DOA 4 DOA BALLEY	26. PLACE OF DEATH (CITY OF THE FIXED PROPER	Interest only one) 6 Other (Specify) 28d. DESCRIBE HOW Sand just at 28f. LOCATION (Street	INJURY OCCURED Shot sicl	COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Route Number.
A	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X) YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Appetent 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year) 6/29/94	Dostlent 3 DOA 4 DOA 4 DOA BALLEY	26. PLACE OF DEATH (CITY OF THE FIXED PROPER	heck only one) 28d. OESCRIBE HOW I Study of Your Street City or Your, State)	INJURY OCCURED Short St	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
B	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Sulcide 8 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Vinpstlent 2 ER/Out 26e. DATE OF INJURY (Month, Dpy, Year) 429 94 28e. PLACE OF INJURY building, etc. (Spe-	28b. TIME Of INJURY STO	26. PLACE OF DEATH (CITY AT WORK? M 1 YES 2 NO 1, tectory, office	Interest of the cause(a) and man	INJURY OCCURED Shit Sich and Number or Rural A Number nner as stated.	COMPLETION OF CAUSE OF DEATH? 1 Jeves 2 - No From Number, Beltonacre prive y land
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Culcide 8 Could not be determined 4 Homicide determined 29e. CERTIFIER (Check only orie) 2 X MEDICAL EXAMINE	HOSPITAL: 1	28b. TIME Of INJURY STO	26. PLACE OF DEATH (CITY AT WORK? M 1 YES 2 NO	Interest of the cause(a) and man	INJURY OCCURED Shit Sich and Number or Rural A Number nner as stated.	COMPLETION OF CAUSE OF DEATH? 1 Jeves 2 - No From Number, Beltonacre prive y land
BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Sulcide 8 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1	28b. TIME Of INJURY STO	26. PLACE OF DEATH (CITY AT WORK? M 1 YES 2 NO t, tactory, office the time, date and place, and during opinion, death occured at the	theck only one) 6 □ Other (Specify) 28d. DESCRIBE HOW I Subject to the Cause(a) and make time, data and place, and IMBER	INJURY OCCURED Shit Sich and Number or Rural A Physical more as stated, and due to the cause 29d. DATE SIGNET	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, Belf even cyc. filter in law of
E COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Culcide 8 Could not be determined 4 Homicide determined 29e. CERTIFIER (Check only orie) 2 X MEDICAL EXAMINE	HOSPITAL: 1 Vinpetient 2 ER/Out; 28e. DATE OF INJURY (Month, Dpy, Year) 28e. PLACE OF INJURY building, atc. (Special Content of the Conten	Dostlent 3 DOA 4 NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	26. PLACE OF DEATH (CITY OF THE RESIDENCE OF DEATH (CITY OF THE RESIDENCE OF DEATH (CITY OF THE RESIDENCE OF	1 M YES 2 Linnel 1 M YES 2 Linnel 6 □ Other (Specify) 28d. OESCRIBE HOW I See 5 2 t Lifty or Town, State; 5 7 2 7 Lifty e 1 to the cause(a) and man 1 time, data and placa, an	INJURY OCCURED Short Scl and Number or Rural A Vigite Inner as stated. Ind due to the cause	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, 13-Lift and cree price y land e) and manner se stated.
BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 8 Could not be determined 29e. CERTIFIER (Check only one) 2 X MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Vinpetient 2 ER/Out; 28e. DATE OF INJURY (Month, Dpy, Year) 28e. PLACE OF INJURY building, atc. (Special Content of the Conten	28b. TIME OF INJURY STORY 26b. TIME OF INJURY STORY 2b. TIME OF INJURY	26. PLACE OF DEATH (CITY OF THE RESIDENCE OF DEATH (CITY OF THE RESIDENCE OF DEATH (CITY OF THE RESIDENCE OF	1 KYES 2 Limbour (Specify) 28d. OESCRIBE HOW I	INJURY OCCURED Shet School and Number or Rural and Avenue nner as stated. and dua to the cause(29d. DATE SIGNET JUNE	COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Route Number, Self-trent every prompt of the prompt of th
BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X) YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only orie) 2 X MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	HOSPITAL: 1 Vinpetient 2 ER/Out; 28e. DATE OF INJURY (Month, Dpy, Year) 28e. PLACE OF INJURY building, atc. (Special Content of the Conten	Dostlent 3 DOA 4 NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	26. PLACE OF DEATH (CITY OF THE RESIDENCE OF DEATH (CITY OF THE RESIDENCE OF DEATH (CITY OF THE RESIDENCE OF	theck only one) 6 □ Other (Specify) 28d. DESCRIBE HOW I Subject to the Cause(a) and make time, data and place, and IMBER	INJURY OCCURED Shit Sich and Number or Rural A Physical more as stated, and due to the cause 29d. DATE SIGNET	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, Belf even cyc. filter in law of

BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician.	M. DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours the death with the State Dept. of Health and Mernal Hygiene prior to burial, cremation, or removal.	ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	IN ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing physician. Page 6 may be retained by the hospital or attending physician.	M. DIRECTOR: After this certificate has been signed by the attending physician and completely hiled in by the 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLI	AND / DEPAR	TMENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE O	F DEATH DAY	YEA	3. TIME OF DEATH	_
	DORIS J. SCHMIDT				6	24	94	3 A	М
	4. SOCIAL SECURITY NUMBER 133-16-7670 5. SEX 1	in yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE O	Day, Year)	2.5	RTHPLACE (State or Foreign ountry)	
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	OR LOCATION OF	DEATH		9c. COUNTY O	New Jersey	_
OR	Vantage House		Co	lumbia			Но	ward	
ECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY	_
DIR	Maryland Howard		Co1umb	ia				LIMITS?	
FUNERAL DIRECTOR	100. STREET AND NUMBER 5400 Vantage Point Road			or. ZIP CODE 210	44		_	S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	24 NO	If yes,	ECENDENT OF HISP specify Cuban, Mexi S 2 NO Spe	can, Puerto Ri	(Specify Yes o		AACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT u	work done during .	nost of working	18b. I	KIND OF BUSH	NESS/INDUSTR	YY	
BE COM	17. FATHER'S NAME (First, Middle, Lest) William Hodgson			16. MOTHER'S Mab	NAME (First, Mi el Ros		(urname)		
2	19a. INFORMANT'S NAME (Type/Print) Dr. Janet Schmidt			t and Number or Run)	
	20a. METHOD OF DISPOSITION 20b	PLACE OF DISPO	SITION (Name of	cametary, crametory o		_	ATION City o	r Town, Stata	-
	1 Burial 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify)	other clace) Metro	Cremat	ory				ville, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0	22. NAME HARRY	AND ADDRESS OF	FACILITY KE FUN	NERAL 1	HOME		
	Harry A. Wilste	2	4112	Old Colu	mbia I	k.,E1	licott	City,Md.210	4
CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING	consequence of	Bran	mode or dying, a				Approximate interval Batwee Onset and Deat	
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEQUENCE	F):						
MEDICAL	PART II. Other eignificant conditions contributing to death b	ut not resulting	in the underly	ing ceuse given	in Part i.	24a, WAS AN A PERFORM 1 YES 2	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	S
NAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH	Check only one)			
PHYSICIAN:	1 YES 2 NO 1 Inpatient 2 ER/Outp	etlent 3 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Residence	a 6 🗆 Other	(Specify)			
ВУ РН	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28b. Tif	JURY	NJURY AT WORK? YES 2 NO	28d. DE\$6	CRIBE HOW IN	JURY OCCURE	D	
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY building, stc. (Special Coulding)	— At home, farm,	street, fectory, or	fice		TION (Street ar r Town, State)	nd Number or Ru	ural Route Number,	
CÓMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the basis of sxaminetio							use(a) and menner as stated,	
TO BE	29b. BIONATURE AND TITLE OF CRITIFIER			29c. LICENSE N	70 G	2	P 6	NED (Month, Day, Year)	
S	M. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	1105	Print)	PP	olus	mala	m	2	
	31. DATE FILED MOPILIDES NAM 1994 Jahra Chinales	or Roydall							

18008 d.

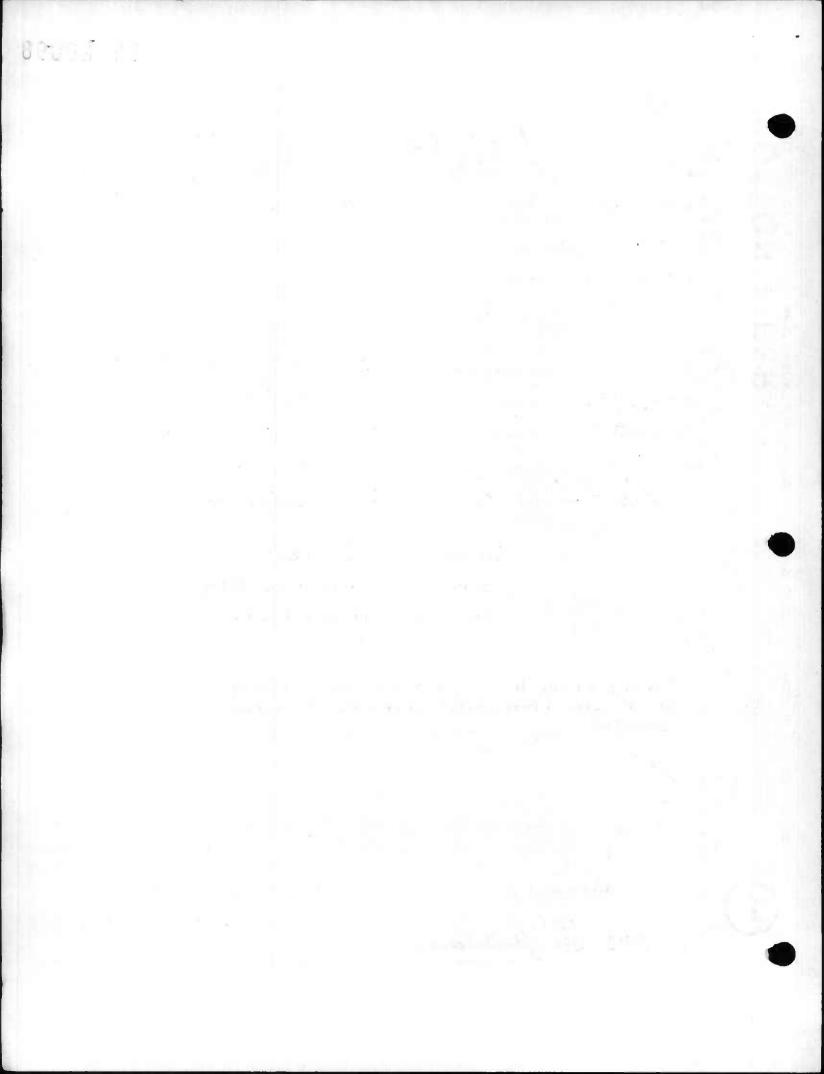
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amounts after death. Page 6 may be retained by the hospital or attending physician.	MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should him 72 hours after death with the State Deor, of Health and Mental Hygiene prior to bunial, cremation, or removal.	It is then 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	---	--

CHASTINE DE 31. DATE FILED JUN 2 0 1994

	TATE			-	CERTIF	ICATE OF	DEAT	-	REG.			
1. DECE	EDENT'S NAME (First,			-					DATE OF OEAT	DAY	YEAR	
4 0000	CIAL SECURITY NUMB		onald Euc				1			3, 19		10:30
				8. AGE (In yrs	VRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS 24	MIN.	OATE OF BIRTH (Month, Day, Yea	er)	Cou	THPLACE (State or For ritry)
	3 - 34 -		1 M 2 F	57	THS.				arch 4			ryland
	CILITY NAME (If not in	stitution, give st	treet and number)			96. CITY, TOWN	OR LOCATION	OF OEATH	i	9c. C	OUNTY OF	DEATH
74: RESIGNATION ST/	28 Oaklar	d Mil	ls Road			Columb	oia			H	oward	
10e. ST/		10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
Mar	ryland	Howar	-7		Col	lumbia						LIMITS?
	TREET AND NUMBER	HOWAL			1 00.		of. ZIP CODE			10g.	CITIZEN OF	WHAT COUNTRY?
742 11. MAR	28 Oaklan	a Mili	a Pond				21046				TT	S.A.
11. MAR	RITAL STATUS	O MILL	12. WAS DECEOEN	T EVER IN U.S.	ARMED	13. WAS DE		HISPANIC (ORIGIN? (Specif	y Yes or No-	- 14. RA	CE — American India
	lever Merried 2 🔀		FORCES? 1	YES 2	□NO	If yes, t		Maxican, P	verto Rican, atc.		Ble	ack, White, etc. ec/ly:
	Widowed 4 🗍 Divo	rced	1964 -				N IX	срослу.			1	White
		EDENT'S EDUC		16a	DECEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF	BUSINESS	INDUSTRY	
Elen	mentary/Secondary (0		College (1-4 or 5			work done during n se retired.)						
	ade 10			H	eavy I	Equipmen	t Oper	rator	Const	ructi	lon	
17. FATH	HER'S NAME (First, Mi								(First, Middle, Ma	iden Sumem	10)	
m Har	rry Sherm							ra No				
0 100, 100	FORMANT'S NAME (7)					ADDRESS (Street						
ne.	len Sherm											yland 210
1 🗆 Bu	ETHOD OF DISPOSITI	n 3 🗆 Reme	ovel from State	othe	r place)	SITION (Name of c		tory or				Town, State
	Onation 6 Other			Met	ro Cre	matory,				atons	ville	e, Maryla
21, 516	THE OF THE O	SERVICE LIC	1	11			AND ADDRESS		al Home	D D	7\	
	KIWO	#X	while	200								and 20707
23. PA	ART I. Entar the eff	sedans, or c	omplications the	t caused tha	daath. Do	not entar the m	oda of dyln	g, auch a	a cardiac or r	espiratory	arrest,	Approxime
IMME	DIATE CAUSE (Fin											Onset and
	ting in daeth)	→	a C	ALDIO	CEN	ic 5	HOCK					
	,		DUE TO	(OR AS A CO	SEQUENCE O	F):						
Z	antieth. Het conditi		ь	SCHA (OR AS A CON	EMIC	CA	DION	Ope	p ath Basi	1		
if any,	antially list conditi , laeding to imme	diate		15.74		F):		^		1		
Cause.	e. Enter UNDERLYI SE (Disease or Inju		с.	colo	NAM	Hei	EXY	D18	BASE			
CAUSI	initiated events	,	DUE TO	(OR AS A CON	ISEQUENCE C	MF):						
CAUSI thet in			d									- i
thet in									rt I. 24s. WA	S AN AUTOP	SY 2	4b. WERE AUTOPSY FI
O ===	II. Other algnifica	nt condition	a contributing to	death but n	ot resulting	In the underly	ng cause gh	ven in Par				
O ===	II. Other algnifica	nt condition							PEI	RFORMED?		AMAILABLE PRIOR COMPLETION OF C
O ===	CHEONIC	len	or for	ae,	CARI	M3 and	ARTEV	Leci	DAY 1 VE	RFORMED?		COMPLETION OF CO OF DEATH?
MEDICAL C	CHEORIC	len		ae,	CARI		ARTEV	Leci	DAY 1 VE	RFORMED?		COMPLETION OF C
MEDICAL C	CHEONIC	len	or for	ae,	CARI	M3 all	VASC	cu	DA (1 VE	RFORMED?		COMPLETION OF CO OF DEATH?
MEDICAL C	CHROMIC VENTER DISEAS	len	A form	CARDI	CARCO	OTHER:	VASC	LECT CLULA ATH (Check	Only one)	ES 2 NO		COMPLETION OF CO OF DEATH?
MEDICAL C	CHONIC VENTULO DI SEAS IS CASE REFERRED TO LAMINER?	len	HOSPITAL: 1 Input ent 2 is 28s. DATE OF	ER/Outpetier	CARCO A A	OTHER:	VASC PLACE OF DE/	ATH (Check	Only one)	2 NO	1	COMPLETION OF CO
DART PART 25. WAS EXTENDED TO THE PART OF	CHONIC VENTELL STATE ST	DEN LEAD MEDICAL	HOSPITAL:	ER/Outpetier	CARCO A A	26. OTHER: 4 Nursing Ho	VASC	ATH (Check Idence 6 E	only one)	2 NO	1	COMPLETION OF CO
DANSICAN: MEDICAL OF SEVEN MEDICAL OF SEVEN MAN 1 1 27. MAN 1 2 1	SCASE REFERRED TO CAMINER? VES 2 700 NNER OF DEATH Natural 5 7	DEN EDICAL Pending investigation	HOSPITAL: 1 Inputent 2 ii 28e. DATE OF (Month, D)	ER/Outpatien INJURY ey, Year) F INJURY — A	A DOA	26. OTHER: 4 Nursing Ho	PLACE OF DEA	ATH (Check Idence 6 E	only one) Other (Specify, Id. DESCRIBE H.	OW INJURY	OCCURED	COMPLETION OF COF DEATH? 1 YES 2 0
PART 25. WAS EX EX 27. MAN 1	SCASE REFERRED TO CAMINER? VES 2 0 00 INNER OF DEATH Netural 5 0 Accident Suicide 6 0	DEN LEAD MEDICAL	HOSPITAL: 1 Inputent 2 ii 28e. DATE OF (Month, D)	ENOutpatier INJURY ay, Year)	A DOA	OTHER: 4 Nursing Ho MR OF JURY M 1	PLACE OF DEA	ATH (Check Idence 6 E	only one)	OW INJURY	OCCURED	COMPLETION OF COF DEATH? 1 YES 2 0
PART St. WAS EXE ST. WAS 1	SCASE REFERRED TO CAMINER? NETTER 1 SUICIDE ERTIFIER 1 DEEPER 1	Pending Investigation Could not be determined	HOSPITAL: 1 Inputtent 2 is 28e. DATE (Month, 5) 28e. PLACE Obuilding,	ER/Outpatier INJURY ey, Year) F INJURY — A etc. (Specify)	A DOA 28b. Till IN	26. OTHER: 4 Nursing He AE OF JURY M 1 street, factory, of	VASC PLACE OF DEJ me 5 Peal May AT ORK? YES 2	ATH (Check ATH (C	only one) Other (Specify) Other (Specify) Other (Specify) Other (Specify)	OW INJURY	OCCURED	COMPLETION OF COF DEATH? 1 YES 2 0
PART PART	SCASE REFERRED TO LAMINER? VES 2 NO NNER OF DEATH Natural Accident Suicide 6 Homicide ERTIFIER Check only	Pending Investigation Could not be determined	HOSPITAL: 1 Inpartient 2 is 28e. DATE Of (Month, D 28e. PLACE C building,	FINJURY — A etc. (Specify)	A DOA 28b. Till IN 1 thome, farm,	26. OTHER: 4 Nursing Ho AE OF JURY M 1 atreet, factory, of	PLACE OF DEJ	ATH (Check Idence 6 [28 NO 28	only one) Other (Specify, d. DESCRIBE H. LOCATION (S. City or Town, S. the cause(s) and) OW INJURY treet and Nuri	OCCURED mber or Rura stated.	COMPLETION OF COP DEATH? 1 YES 2 1 8 al Route Number,
PART 25. WAS EXU 27. MAN 1 2 3 0 298. CE (Ch	SCASE REFERRED TO LAMINER? VES 2 NO NNER OF DEATH Natural Accident Suicide 6 Homicide ERTIFIER Check only	Pending Investigation Could not be determined IFYINO PHYSI CAL EXAMINE	HOSPITAL: 1 Inpertent 2 is 28e. DATE OF (Month, D 28e. PLACE Of building,	FINJURY — A etc. (Specify)	A DOA 28b. Till IN 1 thome, farm,	26. OTHER: 4 Nursing Ho AE OF JURY M 1 atreet, factory, of	PLACE OF DEA	ATH (Check Idence 6 [28 NO 28	only one) Other (Specify, M. LOCATION (S. City or Town, S. City or Town,	OW INJURY treet and Nur d manner as	OCCURED mber or Rura stated.	COMPLETION OF COF DEATH? 1 YES 2 0

INA 7120 CANTEE BO, # 260 LANGEL NO 20707

Jan discontent for fell



FOR STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

		1. OECEOENT'S NAME (First, Middle, Lest) Agnes Dagmar Stenroos 2. Date of Death Month DAY YEAR June 27, 1994 6:19 A													
		4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	. (ast birthday)	IF UNDER	1 1 YEAR	IF UNDER 24 HRS.		of BIRTH	1994	A. BIRTHP	b:19	
		057-22-924	.9	1 ☐ M 2 🎇 F	82	YRS.	MONTHS	DAYS	HOURS MIN.	(Mon	2, 19	11	New New		or orgin
3 should		9e. FACILITY NAME (If not ins	stitution, give s	treet end number)			9b. CITY	, TOWN	OR LOCATION OF D		_, _,		TY OF DE		
1, 2, 3	Denton							n	Caroli			ne			
sabe	REC	10e. STATE	10b. COUNTY			- 1	TY, TOWN							10d. INSIDE CIT	Υ
permit. Pages		Maryland 100. STREET AND NUMBER		Cecil		N	orth							YES 2 K	
	BAL	111 Ontario	Cour	t				1 1	21901					States	
020 physician. burlal-transit	FUNER	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DEC	ENDENT OF HISPA	NIC ORIGI	N? (Specify Yes		14. RACE	- American Ind	
	B	1 Never Married 2 3 Widowed 4 Divor		IF YES, GIVE Y	YES 2	⊠NO			ecify Cuban, Mexica 2 🙀 NO Specif		Rican, etc.)			White, etc. White	
1215-0 attending use as the	E		EDENT'S EDU		16a.	DECEDENT'S	work done	CCUPATION TO THE COURT OF THE C	ON ost of working	160	. KIND OF BUS	SINESS/IND	JSTRY		
D 21	PLET	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	Home	nake:	r			Hom	۵			
YLAND 2 by the hospital be detached to at once.	COMPL	17. FATHER'S NAME (First, Min	ddle, Last)						18. MOTHER'S NA	ME (First,					_
A YL	BE (Fritz Larso							Gerda						
MAR retained 5 should notified	5	Gene L. Ste							and Number or Rural						
page		20e. METHOO OF DISPOSITI			20b Pl A	CEANDDATE			ill Road	, Ea	Y	MD 2	1601	n State	
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		1 Donation 5 Other		oval from State	Remetery.	crematory or	other plece	Crema	atory	1				er, Pen	ına.
TIN Pag eral dir		21. SIGNATURE OF FUNERAL	BENVICE LI	ENSEE		7	22.	NAME A	ND ADDRESS OF FA	CILITY				, , ,	
BALTIMORE, after death. Page 6 may be noval. cal examiner must be		* (Value)	TH.	CUTTE	\times				ch Funer South Ma			Nort	h Ea	st MD 2	21901
BALTIMOR hours after death. Page 6 ma ed in by the funeral director, g or removal.		23. PARTVI. Enter the disabook, or he	seases, or o	complications the	at caused the	death. Do	not enter	tha mo	oda of dying, suc	h as car	dlac or raspi	ratory arm	eat,	Approxim	neta
E c 9		IMMEDIATE CAUSE (Findisease or condition	al.	•					1 2		-			Onset sn	
agi agi		resulting in death)	→	. Meta	S JZULO	ISFOLIENCE (\aug	ma	to lu	15 0	evd W	rer			
cecuted with and complet to burial, crem	z			h			. ,			0					
Y	NT IS	Sequantially list condition if any, landing to immediately cause. Enter UNDERLYII	ilate	OUE TO	(OR AS A CON	SEOUENCE (DF):					-			
. BO; ficate be physician ne prior her trau	FIC	CAUSE (Disease or Injustrat Initiated events		c. OUE TO	OR AS A CON	ISEOUENCE (DF):							-	
	CERTIFICATION	resulting in death) LAST	T L	d											
RECORDS, Prequires that the death seen signed by the atter of Health and Mental is shows any injury, or		PART ii. Other algolificat	nt condition	a contributing to	daath but n	ot resuiting	in the U	ndariyin	g cause givan in	Part I.	24a. WAS AN			WERE AUTOPSY I	
CORDS ulres that the signed by the Health and Me	MEDICAL	ļ. <u>— — — — — — — — — — — — — — — — — — —</u>									PERFOR			AVAILABLE PRIOF COMPLETION DF OF DEATH?	
														1 YES 2	NO
TAL RE The law requ ate has been ate Dept. of h	AN	DID TOBACCO	7.7	CONTRIBUTE	TO CA	USE OF	DEAT								
	PHYSICIAN:	EXAMINER?	MEDICAL	HOSPITAL:	FR/Outpatien	3 DOA	OTHE	R:	LACE OF DEATH (Ch						
PHYSICIAN: this certifical with the St.	Ή	27. MANNER OF DEATH		28e. DATE OF (Month, E	F INJURY	28b. TI	_	28c. IN.	JURY AT DRK?	,	SCRIBE HOW I	NJURY OCC	URED		
ON OP DING PHYS After this death with	ВУБ		Pending nvestigation	(worm, c	July, Today		M		YES 2 NO						
ISIC TTEND TTOR: A after d	ETED		Could not be determined	28e. PLACE C building.	OF INJURY — A , atc. (Specify)	t home, term,	atreet, fac	tory, offic	00	28f. LO	CATION (Street in or Town, State)	and Number	or Rural Ro	ute Number,	
DIVI	PLE		IFYING PHYSI	CIAN: To the best of	f my knowledge	, death occur	red at the	ime, date	end place, and due	to the ca	use(s) and mar	ner as atate	d.		
	COMPL	one) 2 MEDI	CAL EXAMINE	R: On the basis of e	examination and	/or investigat	lon, in my	opinion, c	leath occured at the	time, dat	end pleca, an	d due to the	ceuse(s)	end manner as	stated.
THE HOSPI THE FUNER of filed within	BE	296. SIGNATURE AND TITLE	CENTIFIE	4	0				29c. LICENSE NU	MBER		29d. DATE	SIGNEO	Month, Day, Yeer,)
The B	2	30, NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CALL	ISE OF DEATH	TEM 27) /Ten	e. Print)		MD 44	102		6	1211	14	_
(R)		wm. f. K	enza	11. NS -90	11 W	. /	ton	R	d c	1 K+	n i	md	Z	F12/	
		31. OATE FILED (Month, Day, 1	34	J. PEGISTR	A SISIGNAT	ALID COM									
		שטוו ביי	77	0											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

EDWARD

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

DANIEL

5. SEX

SHEA

6. AGE (In yrs. last birthday)

9
-
68
9
×
\overline{a}
9
•
0
0
ш
40
97
~
0
~
R
Œ
_
~
>
-
\circ
7
0
75
~
>

7. DATE OF BIRTH (Month, Day, Year) MONTHS DAYS HOURS 215-12-6281 1 X M 2 | F 78 July 23, 1915 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 925 Preston St. Salisbury RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Wicomico Salisbury FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 925 Preston St. use as the bunal-transit 21801 ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Merried BY 3 X Widowed 4 Divorced Army COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION most of working (Give kind of work done life. Do NOT use retired.) detached for Elementary/Secondary (0-12) College (1-4 or 5+) 9 Driver 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname, 8 70 Daniel Joseph Shea Caroline (unk) BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 Alfred Shea #10 Delaware Ave., Milford, DE 19963 9 20a. METHOD OF DISPOSITION
1 CXBurlai 2 Cremation 3 C Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must Springhill Memory Gardens 4 ☐ Donation 5 ☐ Other (Specify) 6/23examiner 21. SIGNATURE OF FUNCTIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD removal. medical 23/ PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one sause on each line. After this certificate has been signed by the attending physician and completely filled in by of death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo IMMEDIATE CAUSE (Finel the disease or condition a. CONCIUDAG OSSS

DUE TO (OR AS A CONSEQUENCE OF): within resulting in death) event, executed traumatic CERTIFICATION CHONG Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) 8 cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST death Injury, PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 음 requires that shows any PHYSICIAN: BW 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item The 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 140 PHYSICIAN: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNEJS-OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 1 Natural 1 YES 2 NO BY 2 Accident OR ATTENDING The FLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 60 3 Suicide 8 Could not be COMPLETED DIRECTOR: /
hours after of € ☐ Homicide 1 E-CERTIFYING PHYSICIAN: 76 the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. FUNERAL WITHIN 72 H HOSPITAL 2 MEDICAL EXAMINED On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. TO THE FUNERA
be filed within ??
IMPORTANT: I 29b. SIGNATURE AND THEE OF CERTIFIER BE 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1 JUN 22 JELLA DRUGGOTRE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

94 20700 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR June 21, 1994 10:24 a M 8. BIRTHPLACE (State or Foreign Pennsylvania 9c. COUNTY OF DEATH Wicomico 10d. INSIDE CITY 1 XYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14, RACE — American Indian, Black, White, etc. Specify: White 16b. KINO OF BUSINESS/INDUSTRY Transportation Harvey 20c. LOCATION — City or Town, State Hebron, MD 21801 Interval Between **Onset and Death** Mentho 24b, WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? PERFORMEO? 1 | YES 2 | NO 1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCURED 26f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)

29d. DATE SIGNED (Month. Day.

00.1

4.1

340

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1X YES 2 NO

interval Between

MINS

DAYS

YRS

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TYES 2 10

29d, DATE SIGNED (Month, Day, Year)

23

Onset and Death

Maryland

M

1994

9c. COUNTY OF DEATH

IISA

WICOMICO

10g. CITIZEN OF WHAT COUNTRY?

Specify

White

REG. NO

2. DATE OF DEATH MONTH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last),

1

	5
)F
	Z
	SIO
	ž
	۵
1	-

2

12

30. NAME AND ADDRESS OF PERSON

JUN 24

ONALD 31. DATE FILED (Month, Day, Year)

da DES June 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 214-32-6049 1 🖟 M 2 😿 F DAYS HOURS 63 YRS. June 13. 1931 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Œ PENINSULA REGIONAL MEDICAL CENTER SALISBURY DIRECTO RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION maryland Wicomico Fruitland be detached for use as the bunal-transit permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP. CODE 104A Linda Ave. 21826 retained by the hospital or attending physician. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea. specify Cuban, Mexicon, Puarto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 If yes, specify Cuban, Mexicon, Puarto Ri
1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Married 2 X NO BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
ille. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Sp Elementary/Secondary (0-12) College (1-4 or 5+) 3 Seamstress Uniform factory 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William Henry Clay Larmore Lovie Matilda Waters BE notified leath. Page 6 may be retained tuneral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3210 Keswick Rd., Baltimore, MD 21211 Brenda J. Poole be 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Springhill Memory Gardens 4 □ Donation # □ Other (5) 6/24 Hebron, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Holloway Funeral Home ours after death. by the fun-501 Snow Hill Rd., Salisbury, MD 21801 medicai completely filled in by nal, cremation, or remo-23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) the disease or condition DUE TO JOR AS A CONSEQUENCE OF): arest event, resulting in death) The law requires that the death certificate be executed with the has been signed by the attending physician and complete are Dept. of Health and Mernal Hygiene prior to burial, crem Cerebral Thrombion) STROKE traumatic CERTIFICATION Sequentisily list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate greetingue artingeleverie Carclinas Alunia cause. Enter UNDERLYING CAUSE (Disease or injury other OVE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in desth) LAST 0 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? any 1 TYES 2 IDAG 23 shows DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item this certificate h HOSPITAL: OTHER: 1 YES 2 NO OR ATTENDING PHYSICIAN: 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 28b. TIME OF INJURY 1 Natural 5 Pending 1 YES 2 NO BY After 2 Accident 3 Sulcide 28a. PLACE OF INJURY — At home, farm, atreet, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 DIRECTOR: / ED 4 Homicide 28 COMPLET hours Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner as stated. HOSPITAL FUNERAL I (Check only one) -TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Smuld ano D10688

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jalia Davelson Rardall

32. REGISTRAR'S SIGNATURE

PRMC

NOUS MD

1994

MAE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

19.

_	
	į
-	
0	
2	•
α	•
9	
×	
Ö	•
•	
o.	1
Υ.	
1	
ທົ	
Ö	
Œ	
0	
C	
ш	
Œ	
_	
⋖	
>	
LL.	-
0	
7	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1
<u> </u>	And in case of the last of the
S	į
>	1
<u> </u>	1
_	

HE HOSE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene pilor to burial, cernation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF H		MENTAL HYGIEN		
ij	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3. TIME OF OEATH
	Elizabeth	A.		Sterner		MONTH 2	1994	8:00 P m
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday		IF UNDER 24 HRS.	7. DATE OF BIRTH	0. BI	RTHPLACE (State or Foreign
	354-14-1755	1 □ M 2 🎇 F	75 YRS.	MONTHS DAYS	HOURS MIN.	Nov. 1, 19	18 Pe	nnsylvania
	9e. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY O	
OR	Atlantic General	Hospital		Berlin			Worcest	er
DIRECTOR	RESIDENCE OF DECEDENT						TOTOCOL	
E				TY, TOWN OR LOCA	TON			10d. INSIDE CITY LIMITS?
	Delaware Susse	ζ	Se	1byville				1X YES 2 NO
RAI	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
FUNERAL	16 First Street				19975		U.S.A	. •
3	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 V NO	13. WAS DEC	ENDENT OF HISPA ecify Cuban, Mexic	NIC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian, llack, White, alc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES A		2 NO Speci		s	White
	15. DECEDENT'S EDUC	CATION	16a DECEDENT	S USUAL OCCUPATION	NA .	15 KIND OF BUILD	SINESS/INOUSTR	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind o	work done during mo	st of working	IOD. KIND OF BU	SINESS/INCUS! R	Y
7	12	College (1-4 or 5+)	Но	memaker		Own Ho		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		III.	memaker	18. MOTHER'S NA	AME (First, Middle, Maiden		
	Elmer A. Scale	a g				th Lawton	ourname)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street a		Route Number, City or Tow	n State Zio Code	1
임	Rev. Dr. C. Wilber	t Sterner				11e, DE 19		,
	20a. METHOD OF DISPOSITION	20	b. PLACE ANO DATE	OF DISPOSITION (No	me of		CATION — CITY 6	Town State
	1 Donation 5 Other (Specify)	oval from State E&	metery, crematory of	other place) nore Cren	atory (6/23/94 Ged		
	21. SIGNATURE DE L'UNERAL SERVICE LIC				ID ADDRESS OF FA		JI BC LOWI	i, DL
	► M D /1	2/0						
_	(parker W.	Harry		Hasti	ngs Fune	ral Home,	Selbyvi	lle, DE
	23. PART I Enter the diseases, or c shock, or heart failure. I	omplications that ceuse List only one ceuse on	ed the death. Do eech line.	not enter the mo	de of dying, suc	ch aa cardlec or reap	ratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	1						Onset and Death
	diseese or condition resulting in death)	OUE TO (OR AS	Inceph	lepalty				
				OF): /				
No.	Sequentially list conditions.	· Cardiac	arres					
AT	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (ON AS	A CONSEQUENCE	OF):				
CERTIFICATION	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE)E):				
Ē	that initiated events resulting in death) LAST		A GONGE GENOC	,.				
핑		J						
占	PART ii. Other algnificent condition	a contributing to deeth	but not resulting	in the underlying	ceusa given in			24b. WERE AUTOPSY FINDINGS
2						1 _ YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE
							7	OF DEATH?
z I				_				
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (CA	neck only one)		
Sic	1 TES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER:	e 5 🗌 Residence	6 Other (Specify)		
ᇍ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCURED	,
BY	Natural 5 Pending Accident Investigation	(Morton, Day, 1681)		M 1 .	RK7 'ES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, larm,	street, factory, offic)	28I. LOCATION (Street	and Number or Rui	ral Route Number,
COMPLETED	4 Homicide determined	barroning, and, jope	rony)			City or Town, State)		
ן ב	29a. CERTIFIER Check only	CIAN: To the best of my know	viedge, death occur	red at the time, date	and place, and due	In the cause(s) and mar	one se stated	
⋛║		R: On the basis of exemination						se(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			
ᇤ	Soul Bed.	. 111			n uz=	/ /	DATE SIGN	NEO (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Tvo	e, Print)	<u>V 752</u>	01	4/2	114
i	NTI . I. C	· Lace	hla.	737 Lh	-17h	r. Or	Ruli.	MODIEN
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR S SIGN	NATURE	100 14	111416	WYPI.	MIN	الواحالاا
	Co-23UAR24 199		dear Rarda	12				J
	3 -0 100	7		7				

.

REG. NO.

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1. DECEDENT'S NAME (First Middle Lest) 2. DATE OF DEATH 3. TIME OF DEATH **1**994 YEAR June 30, 1010 Lewis Straiten 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1912 DAYS 1 1 M 2 | F 217-09-1602 81 31 Dec. Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Calvert Memorial Hospital Prince Frederick Calvert 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Calvert St. Leonard 1 YES 2 X NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4290 Williams Wharf Rd. use as the burial-transit 20685 USA retained by the hospital or attending physician. 5 should be detached for use as the burial-tran 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuben, Maxican, Puarto Rican, stc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: Black BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Bus driver ORCE. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Straiten Ħ Frances BE Brown notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Vanessa Straiten 4290 Williams Wharf Rd. St. Leonard, MD 20685 page 5 s after death. Page 6 may be 9 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must director, p 1 XBurial 2 Cremation 3 Removel from Stat Brooks Donation 5 Other (Specify) Church Cem. 7/5/94 St. Leonard, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sewell Funeral Home 1451 Dares Beach Rd. Prince Fred., MD 20678 n by the I medical 23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, in by t Approximete ehock, or heert fellure. List only one cause on each line. interval Between 6 filled IMMEDIATE CAUSE (Finel Onset and Death cremation. the disease or condition Adult Respiration npietely resulting in death) event. executed with and com moo pers traumatic CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) 0 If any, leeding to immediate cause. Enter UNDERLYING physician ute certificate be prior abdomen CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in death) LAST attending p 6 the atten injury. PART tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS requires that the MEDICAL and AVAILABLE PRIOR TO emphysema, CHF any signed I Health a COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? Shows 2 1 TYES 2 NO been the State Dept. PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO MP 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OR ATTENDING PHYSICIAN: The HOSPITAL: OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this (marked. 1 Natural 5 Pending Investigation м 1 YES 2 NO BY After 2 Accident 28s. PLACE OF INJURY — At home, term, street, tactory, office building, atc. (Specify) 3 Sulcida 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 DIRECTOR: A hours after d item 28 is COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL within 72 h = 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE M (C) D27189 Jahr Jonson 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CADSE OF DEATH (ITEM 27) (Type, Print) P.O. BOX 2 ATHIR YOUSAF 1239 WALDOF $M \cdot 0$ 0606 31. DATE FILED (Month, Day, Year) 32. DEGISTRAR'S SIGNATURE Jalia Saviden Radall

STATE OF MARYLANO / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

CJ.

0	1
Z	4
A	1
7	i
Œ	7
4	1
Σ	
li î	4
BALTIMORE, MARYLAND	-
0	4
Σ	-
	d
	1
V	de
m	Bank
	9
_	-
O. BOX 68760.	
7	Person
89	-
×	1
0	4
m	-
	297
O	3

21215-0020

DIVISION OF VITAL RECORDS, P.

		sit permit. Pages 1, 2, 3 should		
	the hospital or attending physician.	e detached for use as the burial-tran		t once.
	INIS PHYSICIAN: THE ISM REQUIRES THAT THE GOGATH CONTINUED DE MINISTER DE MINISTER DE TRANSPORTED BY THE ISM REPORTED OF ARTENDING PHYSICIAN.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	oval.	IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	scare be executed within hours at	physician and completely filled in by	I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	er traumatic event, the medic
	e law requires that the death certin	has been signed by the attending p	Dept. of Health and Mental Hygien	n 23 shows any injury, or oth
The state of the s	L OR ALLENDING PHYSICIAN: IN		led within 72 hours after death with the State	item 28 is marked, or item
The state of the s	ID THE HUSPITA	TO THE FUNERAL	be filed within 72	IMPORTANT: II

1 - STATE REGISTRAR	STATE DF MAI	RYLAND / DEPAR CERTIF	CATE OF			REG. NO.		
1. DECEDENT'S NAME (First, Middle,	Last)				2. DATE O	OF DEATH	Y YEA	3. TIME OF DEATH
	nest J. Tu	rnbaugh,	Sr.		July		1994	11:20 A
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE O	Day, Year)	B. Bi	RTHPLACE (State or Foreign ountry)
12-26-5802	1 № M 2 □ F	90 YRS.				18, 1		aryland
Se. FACILITY NAME (If not institution,				OR LOCATION OF D	EATH	100	Bc. COUNTY C	
Longview Nursi	ing Home		Manch	nester			Car	roll
10a. STATE 10b. CC		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
Maryland E	Baltimore		τ	Jpperco				1 YES 2 NO
10e. STREET AND NUMBER			10	H. ZIP CODE			10g. CITIZEN C	OF WHAT COUNTRY?
3108 Mt. Carne	el Road			21155			US	SA A
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1			CENDENT OF HISPAI			or No- 14. R	IACE — American Indian, Ilack, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR			3 2 NO Specif		,,	s	specify:
15. DECEDENT'S	EDUCATION	16a, DECEDENT'S	USUAL OCCUPATI	ON	165	KIND OF BUILD	INESS/INDUSTR	White
(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5 +)	(Give kind of v	vork done during mo ne retired.)	ost of working	100.	King Or Bos	MINESS/INDOSTR	
6	College (1-4 of 5 4)	Self	-Employe	exi		Fan	mer	
17. FATHER'S NAME (First, Middle, Las	st)			18. MOTHER'S NA	AME (First, M.	iddle, Maiden	Surname)	
Jacob Turnbauk	jh			Lizzie	John	nson		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural			1, State, Zip Code)
Nettie V. Brid	iges	3108	Mt. Carn	mel Road,	Uppe	erco,	Md. 211	1.55
20a, METHOD OF DISPOSITION 1 DE Burial 2 Cramation 3	Removal from State	20b. PLACE AND DATE	OF DISPOSITION (N	ame of	DATE	20c. LOC	CATION - City o	r Town, Stata
4 ☐ Donation 5 ☐ Other (Specify)		cemetery, crematory or o		_	17/7	7 Up	perco,	Maryland
21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE	1.	22. NAME A	ND ADDRESS OF FA	ACILITY			7 77
The same of the sa	0.00	sused the deeth. Do r	934 9	6. Main S		, Ham	-	Md. 21074 Approximate interval Between
23. PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death)	, or complications that calure. List only one cause	sused the deeth. Do r	934 Solot enter the mo	5. Main S		, Ham	psteză,	Md. 21074 Approximate interval Between
shock, or heart fall IMMEDIATE CAUSE (Finel disease or condition	a	sused the death. Do non each line.	934 Sonot enter the mo	5. Main S		ec or reeple	psteză,	Md. 21074 Approximate interval Between
shock, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	as a consequence of	934 Sonot enter the model of the control of the con	5. Main Sode of dylng, suc	A cerdi	ec or reeple	pstead, ratory arrest,	Md. 21074 Approximate interval Between Onset and Daat
shock, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if erry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond	b. DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	as a consequence of	934 Sonot enter the model of the control of the con	5. Main Sode of dylng, suc	A cerdi	PERFORI	pstead, ratory arrest,	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
shock, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond EXAMINER?	b. DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	as a consequence of	934 Sonot enter the model of the content of the con	5. Main Sode of dylng, suc	Part I.	24s. WAS AN. PERFOR	pstead, ratory arrest,	Approximate interval Between Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset on To Completion of Cause Of Death?
shock, or heart fail IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 JAM	b. DUE TO (OR b. DUE TO (OR d. DUE TO (OR d. HOSPITAL: 1 Inpetient 2 ER	I AS A CONSEQUENCE OF AS A	934 Shot enter the model of the state of the	Dode of dying, such a company of the	Part I.	24a. WAS AN PERFORI	pstead, ratory arrest,	Approximate interval Between Onset and Daeti Conset
shock, or heart fail IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 JAP 27. MANNER OF DEATH	b. DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF AS A C	934 Something the second of th	Dode of dying, such a s	Part I.	24a. WAS AN PERFORI	pstead, ratory arrest,	Approximate interval Between Onset and Daati Conset and Co
shock, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond EXAMINER? 1 YES 2 July 27. MANNER OF DEATH 1 HEURS 5 Pending 2 Accident	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR) DUE TO (OR) DUE TO (OR) DUE TO (OR) DUE TO (OR) DUE TO (OR)	AS A CONSEQUENCE OF AS A C	934 Something the second of th	Dode of dying, such a s	Part I.	24a. WAS AN. PERFORI	AUTOPSY MED?	Approximate interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat
shock, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if erry, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 JAP 27. MANNER OF DEATH 1. PREUMS 5 Pending	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d.	AS A CONSEQUENCE OF AS A C	934 Something the second of th	Dode of dying, such a s	Part I. Part I. Deck only one 5 Other 28d. DESC	24a. WAS AN. PERFORI	AUTOPSY MED?	Approximate interval Betwee Onset and Dast Onset and Dast Onset and Dast Onset and Dast Onset and Dast Onset and Dast Onset and Dast Onset
shock, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if erry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 MAINTER? 1 YES 2 MAINTER? 27. MANNER OF DEATH 1 Metural 5 Pending trysstigs 3 Suicide 6 Could no determin 29a. CERTIFIER (Check only	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d.	AS A CONSEQUENCE OF AS A C	934 Sonot enter the model of th	Dode of dying, such a s	Part I. Pert I. 1 Part I. 25d. DESC. City o	24a. WAS AN PERFORM 1 YES 2, (Specify) CRIBE HOW IN TION (Street a r Town, State)	AUTOPSY MED? AUTOPSY MED. AU	Approximate interval Betwee Onset and Dast Onset and Dast Onset and Dast Onset and Dast Onset and Dast Onset and Dast Onset and Dast Onset and Dast Onset On
shock, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if erry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 MAINTER? 1 YES 2 MAINTER? 27. MANNER OF DEATH 1 Metural 5 Pending trysstigs 3 Suicide 6 Could no determin 29a. CERTIFIER (Check only	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d.	AS A CONSEQUENCE OF AS A C	934 Sonot enter the model of th	Dode of dying, such a s	Part I. Peck only one 5 Other 28d. LOCA City o	24a. WAS AN PERFORM 1 YES 2, (Specify) CRIBE HOW IN TION (Street a r Town, State)	AUTOPSY MED? AUTOPSY MED. AU	Approximate interval Between Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset O
shock, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 July 27. MANNER OF DEATH 1 Netural 5 Pending trivestigs 3 Suicide 6 Could no detarmin 29a. CERTIFIER (Check only one) 2 MEDICAL EXA	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d.	AS A CONSEQUENCE OF AS A C	934 Sonot enter the model of th	Dode of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying a control of	Part I. Peck only one 5 Other 28d. LOCA City o	24a. WAS AN PERFORM 1 YES 2, (Specify) CRIBE HOW IN TION (Street a r Town, State)	AUTOPSY MED? UNITY OCCURET and Number or Ru mer as stated, d due to the cau	Approximate interval Between Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset O
shock, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 July 27. MANNER OF DEATH 1 Netural 5 Pending trivestigs 3 Suicide 6 Could no detarmin 29a. CERTIFIER (Check only one) 2 MEDICAL EXA	DUE TO (OR DUE TO	as a consequence of the state o	934 Something the street, factory, office on, in my opinion, of the street, of the street, of the street, of the street, of the street, of the street, of the street, of the street, of the street, of the street, of the street, of the street, of the street, of the street, of the street, of the street, of the street, of the street, of the street,	Dode of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying, such a control of dying a control of	Part I. Part I. 28d. DESC. 28t. LOCA. City o	24a. WAS AN PERFORM 1 YES 2, (Specify) CRIBE HOW IN TION (Street a r Town, State)	AUTOPSY MED? UNITY OCCURET and Number or Ru mer as stated, d due to the cau	Approximate interval Between Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset O

N-	
m	
BOX 6876	
(0)	
-	
\sim	
_	
_	
\sim	
_	
~	
4	
_	
$\overline{}$	
\sim	
-	
C .	
P.0.	
-	
446	
U)	
-,	
_	
Proper la	
$\overline{}$	
\sim	
_	
~	
_	
161	
_	
~	
Œ	
œ	
œ.	
L RECORDS,	
LR	
AL RI	
AL RI	
AL RI	
TAL RI	
TAL RI	
ITAL BI	
IITAL RI	
VITAL RI	
VITAL RI	
VITAL RI	
- VITAL RI	
F VITAL RI	
F VITAL RI	
DE VITAL RI	
OF VITAL RI	
OF VITAL RI	
OF VITAL RI	
I OF VITAI	
DIVISION OF VITAL RI	

\cup	æ
BALTIMO	2
_	8
_	-
	-
7	62
4	4
1	1
	-61
	W
	1
-	S
	d
~	#
~	- 3
~	7
~	æ
~~	č
•	8
\times	- 5
	2
\sim	9
•	- 55
	ě
	4
_	2
0	-6
	- 5
S	4
Ö	2
=	2
0.0	6
0	#
~	2
_	÷
18	ĕ
α	2
	3
_	2
⋖	9
-	E
	÷
>	4
	2
	8
\circ	5
-	0
~	4
	É
=	2
3	U
_	E
>	0
	ö
5	
5	-
	e
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DETERMINE SHANICIAN: The law requires that the death certificate he executed within

bician; the law requires that the deam certificate be executed within thous after beam, hape is may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
uncare be e	physician ene prior to	ther traum
e deam cer	Wental Hyg	lury, or o
S mai m	alth and I	s amy in
aw require	s been sig	3 show
W. Ine it	State De	r Item 2
200	cert	1, 0

marked, this c

90

58 item

ORTANT: IF

PATIMICE A.

31. DATE FILED (Month, Day, Year)

JUN 3 0 1994

After t

hours after of

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 6 - 28 - 94 MONTH DAY, 28 - 94 1. DECEDENT'S NAME (First, Middle, Last) CHARLES FRANCIS TYLER 3. TIME OF DEATH harles 0645 eR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. SIRTHPLACE (State of Somito)
Country, MARY LAND DAYS 1 1 1 2 | F 24 951 YRS. Colo 12-18-1927 Se. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Columbia Howard County 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Howard County Ellicott City 1 2 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3670-B Mt. Ida Drive 21043 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yea, specify Cuben, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, etc. TO Named 2 Married BY Specify: Black 3 Widowed 4 Divorced 1946-1948 COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind at work done during most at working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 12 Truck Driver Ho. Co. Dept. of Pub.Wts 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Tyler Dorothy Williams BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4716 Williston St., Balto., MD 21229 Ms. Alice Blackstone 20e, METHOD OF DISPOSITION
12 Buriel 2 Cremation 3 Removal from Sti 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Maryland 4 Donation 5 Other (Specify) Veteran's Cem 7-1-94 Garrison Fst., MJ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Slack Funeral Home, P.A. M00535 Ellicott City. MAryland. 21043 23. PART I. Enter the diseases, or emplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition Atherosclevotic cardiovascular disease min resulting in death) DUE TO (OR AS A CONSEQUENCE OF): hypertension CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS strikes, seizures, remote alcred ab AVAILABLE PRIOR TO pentic W COMPLETION OF CAUSE 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 25b. TIME OF INJURY 28c, INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, COMPLETED 8 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month Day Year) BE MV-Lemits 314 w. 94 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

4565 Hemisch (me WAY

WW

32 REGISTRAR'S SIGNATURE Talia Studger Ray

vet

DHMH-18 Rev 1/89

4021042

MALO ANGLES AND ANGLES

760
6876
×
BOX
0
α.
RECORDS,
E
S
R
OF VITAL
Y
Ö
O
S
<u>></u>

|--|

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH Walter Henry 1. DECEDENT'S NAME (First, Middle, Last). Titter 2. DATE OF DEATH June 28 1994IME OF DEATH E 06:00 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH DAYS HOURS 1 🔯 M 2 🗌 F 75 YRS 091-01-8736 Jan. 4, 1919 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 217 Short Cut Road Cecil Chesapeake City RESIDENCE OF DECEDENT 10a STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Chesapeake City 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 217 Short Cut Road 21915 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 X YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 K Married Specify: White ВУ 1 YES 2 X NO Specify: 3 Widowed 4 Divorced World War II COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Service Station Owner/Operator 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George E. Titter BE Bertha Coleman Titter 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lucy F. Titter 217 Short Cut Road - Chesapeake City, MD 20a. METHOD OF DISPOSITION
1 ◯X Burlal 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Bethel Cemetery 4 Donation 5 Other (Specify) Chesapeake city, MD 1994 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Funerals, P.A. 103 West Stockton Street Elkton, MD 21921-5521 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List pniy one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Immediat. -ungho reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one **EXAMINER?** HOSPITAL OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c, INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 28/94 0600 M 1 YES 2 Accident
3 Suicide
4 Homicide BY ho Investigation 28s. PLACE OF INJURY - At home, farm, street, factory, office 28f. LOCATION (Street 8 Could not be COMPLETED etc. (Specify) reside some 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basts of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. UCENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 94 9 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KTon

105

32. REGISTRAR'S SIGNATURE

lia Baildon

1465

'94 n

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

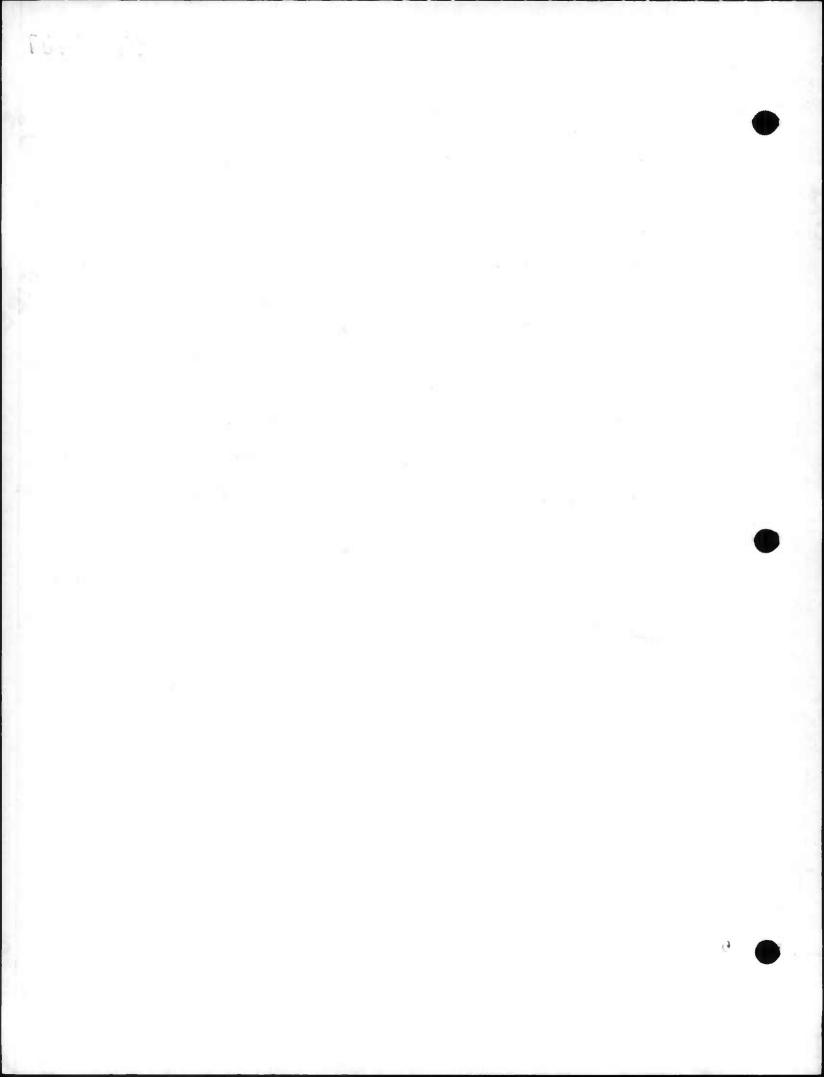
du." 'si BALTIMORE, MARYLAND 21215-0020

-		-	8	트
O	2	Ç,	Ď.	E
m	ate	\$	ā	-
-	1 Le	ā	8	2
0	100	5	ğ	6
O.	h	B	Í	6
-	eat	atte	Ital	>
S	0	9	Ne	3
	€	T A	P	=
Œ	Tat	P	9	ž
0	E S	9	듇	100
O	il.	Sign	163	\$
ш	8	E	=	2
Œ	7	ž	-	60
_	10	as	9	23
⋖	he	di.	9	Ε
	-	Sat	ia ia	9
Consumer of the last of the la	~	100	93	
-	\leq	1	62	-
L	SICIA	certi	the	, 01
OF	HYSICIA	his certif	with the	ed, or
1 OF	PHYSICIA	r this certif	h with the	arked, or
N OF	NG PHYSICIA	fter this certif	eath with the	marked, or
ION OF	NDING PHYSICIA	: After this certif	r death with the	is marked, or
SION OF \	TENDING PHYSICIA	TOR: After this certif	ifter death with the	28 is marked, or
VISION OF V	ATTENDING PHYSICIA	ECTOR: After this certif	s after death with the	n 28 is marked, or
IVISION OF \	OR ATTENDING PHYSICIA	DIRECTOR: After this certif	ours after death with the	tem 28 is marked, or
DIVISION OF VITAL RECORDS, P.O. BOX	AL OR ATTENDING PHYSICIA	L DIRECTOR: After this certif	2 hours after death with the	f item 28 is marked, or
DIVISION OF \	PITAL OR ATTENDING PHYSICIA	RAL DIRECTOR: After this certif	n 72 hours after death with the	f. If item 28 is marked, or
DIVISION OF V	DEPITAL OR ATTENDING PHYSICIA	INERAL DIRECTOR: After this certif	thin 72 hours after death with the	INT: If item 28 is marked, or
DIVISION OF \	ADSPITAL OR ATTENDING PHYSICIA	FUNERAL DIRECTOR: After this certif	within 72 hours after death with the	ITANT: If item 28 is marked, or
1 DIVISION OF V	THE ADSPITAL OR ATTENDING PHYSICIA	HE FUMERAL DIRECTOR: After this certif	led within 72 hours after death with the	ORTANT: If item 28 is marked, or
DIVISION OF V	D THE LOSPITAL OR ATTENDING PHYSICIA	THE FUNERAL DIRECTOR: After this certif	e filed within 72 hours after death with the	MPORTANT: If item 28 is marked, or
R DIVISION OF V	TO THE JOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician is	be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traum

	R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
	2,3		
	-		
	Pages		
	ermit.		
	F		
311	rans		
Š	ial-t		
Ē	Ž		
2	the state		
	e 35		
5	Sn J		
III	9 9		
2	ache		0
200	det		6
5	20		90
	hour		S. Call
200	5 5		200
200	age		4
0	or. p		900
2	rect		-
	a d		Inch
n and	une		2000
5	the f	2	9
2	8	ешо	dias
5	U. P	0	E
ì	- file	ion,	a q
	etely	еша	-
9	die	L. Cr	-
2	d G	ouria	SI.
2	n ar	10	
3	Sicia	prior	-
200	F	au au	han
3	ding	P	10 4
1380	atten	Ital	2
9	the	Me	a in
101	Š	and	1 20
200	Done	alth	
2	S C	of He	MANA
A	Dee	ot. o	200
2	has	Del a	0
	cate	State	Han
CHANGE THE CHANGE OF THE CHANGE WIND CONTINUE OF CHANGE WITH THE COURSE OF THE CONTINUE OF THE CHANG	ertifi	the	to marked as Hern 22 shaws and interest or other tenematic against the medical examines must be easilied at each
2	his c	ALC:	100
2	ter th	ath v	manh
	Aft	de.	Se of
ĵ	Œ	8	_

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

_	riculottian			-11111111111111111111111111111111111111	OAIL	JI DE			EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH DAY	,	ME AD	3. TIME OF DEATH
	BASIL E.				TY	eitt	-	JUNE			94	2350 W
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YE	AR IF U	NDER 24 HRS.	7. DATE OF B	IRTH	7		LACE (State or Foreign
	220-263050	1 🖳 M 2 🗌 F	69	YRS.	YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 6-5-1925					5 MARYLAND		
	9e. FACILITY NAME (If not institution, give s	treet end number)	03		9b. CITY. TO	WN OR LO	CATION OF DE		192		NTY OF DEA	
œ	PENINSULA REGION	AT MEDICA	_R		LISBU					COMI		
읝	RESIDENCE OF DECEDENT	TE TEDIO		UA.	DIODC	TC1			VV I	LCOMIT		
Ĭ Ĭ	10e. STATE 10b. COUNT		10c. CITY	, TOWN OR L	OCATION					1	10d. INSIDE CITY	
DIRECTOR	MD. W	ICOMICO									LIMITS?	
7	10e. STREET AND NUMBER			1	-	10f. ZtP (CODE			10g. CITI		IAT COUNTRY?
FUNERAL	412 VIRGINI	A AVE.				2	21801				U.S	
ΞI	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AD	MEO	12 144.0	DECEMBE	NT OF HISBAN	IC ORIGIN? (Sp	and Man	as Ma		- American Indian,
	1 Never Married 5 Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	XYES 2 N	10	If ye	s, specify (Suben, Mexica	n, Puerto Rican.		0. 140-	Black,	White, etc.
B	3 Widowed 4 Divorced		KORE	7.7	1 10	YES 2	(NO Specify	7			Specify	WHITE
	15. DECEDENT'S EDU	CATION	18e. DE	CEDENT'S	USUAL OCCU	PATION		18b. KINI	D OF BUSI	NESS/IND		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(G/	ve kind of w Do NOT us	vork done durin	g most of w	vorking					
2	12	College (1-4 or 5 a	,	CARI	PENTE	R		I	LUMB	ER		
S I	17. FATHER'S NAME (First, Middle, Last)					18.1	MOTHER'S NA	ME (First, Middle	Maiden S	Sumamal		
	AVERY DONOVA	AN TRUIT	TT SR.			10.		IAM TA				
BE	190. INFORMANT'S NAME (Type/Print)			MAHINIC	ADDRESS (C)			Route Number, Ci				
2	MARLENE B.	ידווקיי	196									D. 21801
	20e. METHOD OF DISPOSITION	11(0/111										
	1 Buriel 2 Cremetton 3 Rem	oval from State			of DISPOSITIO			1			City or Tow	·
	4 Donation 5 Other (Specify)	1 1	cemetery, cre	SONS		ETER		6-27	SA	LIS.	BURY	, MD.
	21. SIGNATURE OF FUNERAL SERVICE U	DEMSEE	1		_		DRESS OF FA					
	14/11/7	1/	- del			BOUN	IDS FU	JNERAI	J HO	ME,	SAL	ISBURY, MD
	23 PART A. Enter the diseases, or	eomplications the	t caused the de	eth. Do n	pt enter the	mode of	dvina, suci	n as cardiac	Dr reapin	atory an	rest.	Approximate
4	shock, others failure.	List only one cau	se on each line	h.								interval Between
	IMMEDIATE CAUSE (Final disease or condition	46.50	4			- 4 . 1		11				Onset and Death
	resulting in death)	s. HY	IOD AS A CONSEC	//	NOE	117	4401	17 17	/			
	h											Dave
o l	Sequentisity list conditions.	b. DUE TO	PRPIA	C DUENCE OF	1715	95						PAYS
A	if sny, leeding to immediate cause. Enter UNDERLYING	c. DUE TO	1 11 00	A-0 \	V *	101	FER	V	2.11	= A 1	=	İ
딢	CAUSE (Disesse or injury that initiated events	C. DUE TO	(OR AS A CONSEC	OUENCE OF	γ	1 /7 /6	1-1)	1 1	176	17)	16	
E	resulting in death) LAST											
CERTIFICATION		d										
	PART II. Other significant condition	s contributing to	deeth but not r	esulting i	n the under	lying csu	se given in	Part I. 24a.	WAS AN A			WERE AUTOPSY FINDINGS
EDICAL								10	YES 2	-		WAILABLE PRIOR TO COMPLETION OF CAUSE
								_ ' '	123	110		OF DEATH?
Σ	DID TOBACCO USE	CONTRIBUTE	TO CAUS	SE OF	DEATH	YES	П NO					T YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1	- 10 0/101	- 01			OF DEATH (Ch					
<u>i</u>	EXAMINER?	HOSPITAL:		5	OTHER:							
175	27. MANNER OF DEATH	1 Anpatient 2 28e. DATE OF		28b. TIMI				8 Other (Spe				
<u>a</u>	1 Metural 5 Pending	(Month, D			URY	WORK?		28d. DESCRIB	BE HOW IN	JURY OC	CURED	
B	2 Accident Investigation					YES	2 NO					
_	3 Suicide 8 Could not be	28e. PLACE O building,	F INJURY — At ho atc. (Specify)	me, farm, s	treet, fectory,	office		28f. LOCATION City or Tow	N (Street an wn, State)	nd Number	or Rural Ro	ute Number,
COMPLETED												
립	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	ath occurre	d at the time,	date end p	elece, end due	to the cause(e)	end menr	ner ee atal	ted.	
o	one) 2 MEDICAL EXAMINI	R: On the beele of e	camination end/or i	nvestigation	n, in my opini	on, death o	occured at the	time, date end	place, end	due to th	ne ceuse(e)	end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c.	LICENSE NUM	IBER	Т	29d, DAT	F SIGNED (Month, Day, Year)
BE	Dimmin.	DLM1	wh.	-		/	1021	919		> /	10	41164
임	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUS	SE OF DEATH (ITE	W 27) (Type	Print)	1/	~0	114		6	1 -	1/76
	MODIS 1 Ahry	DICKI N				YIIS	it St	s Sali	sbul	n/ I	IIN :	21507]
	31. DATE FILED (Month, Day, Year)	32 BEGIETTA	R'S SIGNATURE	אווטף	-4 FU	rus	01	שטעני	ועונ	7/	MU (1100
	JUN 24 199		Davilson-R	. 1 11								
	OUN 24 133	17 Juna	Na Karmanin	wash								1



DIVISION OF VITAL RECORDS, P.O. BOX 68760.	4
687	
XO	And deposits the contract of t
B	Sec. of
0.0	4
'n	dans
RD	40 00
00	-
RE	
AL	. 4
E	-
F	41010
0	A PARTY
0	ALM INTE
VIS	STATE
0	00

JUL 1 8 1994

1. DECEDENT'S NAME (F	irst, Middle, Last)								OF DEATH			3. TIME OF DEATH
Frank I	L. Th	ompson						Jun		199	94	6:25 A
4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER 1 YE	UNDER 1 YEAR IF UNDER 24 HRS.			OF BIRTH		8. BIRTI	HPLACE (State or Foreig
369-34-47	751	1 X M 2 🗆 F	60	YRS.	MONTHS DA	YS HOURS	MIN.	Jan	8, 1	934	Mid	chigan
Sa. FACILITY NAME (If no	ot institution, give	street and number)			9b. CITY, TO	WN OR LOCAT	TION OF D		, 1		INTY OF D	
18610 Tan		oad		Mary	le1				Car	olin	e	
10a. STATE	tob. COUNT				ry, town on L	DCATION						10d. INSIDE CITY LIMITS?
18610 Tarailo Road RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCA Maryland Caroline 10c. CITY, TOWN OR LOCA Marydel 10b. STREET AND NUMBER 18610 Tarailo Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 10 Ves. 89 1 Newsy Married 12. WAS DECEDENT EVER IN U.S. ARMED 10 Ves. 89 1 Newsy Married 10 Ves. 89 1 Ves. 89												1 YES 2 NO
18610 Tai				216					U.S.			
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 D	S. ARMED	If yo	DECENDENT B, specify Cub YES 2X NO	oan, Maxic	an, Puerto F		s or No—	14. RAC Blac Spec	E — American Indian, ik, White, etc.			
	DECEDENT'S EDI		16	. DECEDENT'	S USUAL OCCU	PATION		16b.	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary	only highest grad y (0-12)	College (1-4 or 5	+)		work done durir		king		-01£		7	ı
12 17. FATHER'S NAME (First	1000			truck	drive					-emp	толе	a
George W.	. Thomp	son				18. MO		Me (First, A lia	Aiddle, Maiden	Sumame)	Tho	mpson
19a. INFORMANT'S NAME					G ADDRESS (St							
Alma P. 7	Thompso	n		1	8610 T	arailo	Roa	d Ma	rydel	, Ma	ryla	nd 21649
20a. METHOD OF DISPOS 1 M Burial 2 Creme 4 Donation 5 Ott	ation 3 - Ren	moval from Stale			of disposition other place)			DATE 20c. LOCATION — City or Town, Stata 6/13 Mascow, MI				
21. SIGNATURE OF FUNE		ICENSEE		1(1)				Jilas	cow,	111		
					22. NAN	E AND ADDR	ESS OF FA	ACILITY				
23. PART I. Enter the ahock, or	there (complications the	et ceused th	e death. Do	Fle 106	egle-H Sunse	lelfe t Av	nbeir	Greens	boro	, MD	21639 Approximate Interval Betw
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (disease or condition resulting in desth)	diseases, or r hasrt fellure.	. Sto	mac	de death. Do	Fle 106	Sunse	lelfe et Av ying, suc	nbeir	Greens	boro	, MD	21639
ahock, or IMMEDIATE CAUSE (disease or condition	diseasee, or r has t feilure. (Finel dittione, mediete LYING niury	s. DUE TO	O (OR AS A CO	line.	F1e 106 not enter the	egle-H Sunse	lelfe et Av ying, suc	nbeir	Greens	boro	, MD	21639 Approximate Interval Betw
ahock, of IMMEDIATE CAUSE (disease or condition resulting in desth) Sequentially list confirm, leading to Immoduse. Enter UNDERI CAUSE (Disease or in that initiated events	diseasee, or r has t fellure. (Finel dittione, mediete LYING nijury AST	b. DUE TO DUE TO d.	O (OR AS A CO	ONSEQUENCE (F1e 106 Car Car OF): OF):	Sunse Sunse mode of d	lelfeet Avying, suc	enbeir e., (ch ea card	Wi Ta	AUTOPSY RMED?	, MD	Approximate Interval Betw Onset and Donest a
ahock, of IMMEDIATE CAUSE (disease or condition resulting in desth) Sequentielly list comif any, leading to immicause. Enter UNDER! CAUSE (Disease or intert initiated events resulting in deeth) L.	diseasee, or r has t fellure. (Finel dittione, mediete LYING nijury AST	b. DUE TO DUE TO d.	O (OR AS A CO	ONSEQUENCE (F1e 106 Car Car OF): OF):	Sunse Sunse mode of d	lelfeet Avying, suc	enbeir e., (ch ea card	Greens Wi La 24a. WAS AN PERFO	AUTOPSY RMED?	, MD	Approximate Interval Betwoonset and Donest a
ahock, of IMMEDIATE CAUSE (disease or condition resulting in desth) Sequentially list comif any, leading to immediate. Enter UNDER CAUSE (Disease or in that initiated events resulting in deeth) L. PART II. Other signif	ditione, mediete LYING njury AST	b. DUE TO d. ona contributing to	O (OR AS A CO	ONSEQUENCE (F1e 106 not enter the Carrier The Carrier	Sunse Sunse mode of d	et Avying, suc	nbeir re., (ch ea card	Greens William or reep William or reep 24e. WAS AN PERFO! 1 YES :	AUTOPSY RMED?	, MD	Approximate Interval Betw Onset and Donest a
ahock, of IMMEDIATE CAUSE (disease or condition resulting in desth) Sequentielly list comif any, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in deeth) L. PART II. Other signif	ditione, mediete LYING njury AST	b. DUE TO DUE TO d.	O (OR AS A CO	ONSEQUENCE OF	F1e 106 not enter the Car (OF):	egle-H Sunse mode of d	et Av ying, suc	Part i.	24a. WAS AN PERFO	AUTOPSY RMED?	, MD	Approximate Interval Betwoonset and Donest a
Sequentielly list con- if any, leading to imreause. Enter UNDER CAUSE (Disease or inthat initiated events resulting in deeth) PART II. Other significations of the control	disease, or r haert fellure. Finel dittone, mediete LYING njury AST condition To MEDICAL	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 28a. DATE Of (Month, U	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	INSEQUENCE OF THE PROPERTY OF	F1e 106 not enter the Carrier The Carrier	Sunse mode of d	DEATH (C)	Part i.	24a. WAS AN PERFO	A AUTOPSY RMED?	, MD	Approximate Interval Betw Onset and Donest a
Ahock, of IMMEDIATE CAUSE (disease or condition resulting in desth) Sequentielly list comif any, leading to Immicause. Enter UNDER! CAUSE (Disease or in that initiated events resulting in deeth) L. PART II. Other signif	ditione, mediate Lying njury AST D TO MEDICAL	b. DUE TO DUE	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	ONSEQUENCE OF THE PROPERTY OF	F1e 106 not enter the Carrier The Carrier	Sunse mode of d	DEATH (C)	Part i. Past i. 28d. DES	24a. WAS AN PERFO	A AUTOPSY RMED? INJURY OC and Number	, MD	Approximate Interval Betw Onset and Donest a
Sequentielly list conif any, leading to imrease. Enter UNDER CAUSE (Disease or inthat initiated events resulting in deeth) L. PART II. Other significations are sequentially list conif any, leading to imrease. Enter UNDER CAUSE (Disease or inthat initiated events resulting in deeth) L. PART II. Other significations are sequentially listed as a sequential sequential listed as a sequentia	ditione, mediate Living njury AST D TO MEDICAL Pending Investigation Could not be defarmined	b. DUE TO DUE	O (OR AS A CO O	ONSEQUENCE OF THE PROPERTY OF	F1e 106 not enter the CAY (OF): OF): OF): OTHER: 4 Nursing ME OF 28- JURY M 1 street, factory,	sunse mode of d	e t Av ying, suc O given in DEATH (C) Rasidenca	Part i. Part i. 286. DES	24a. WAS AN PERFO! 1 YES: (Specify) CRIBE HOW ATION (Street or Yown, State)	A AUTOPSY RMED? INJURY OCI	, MD Treat, 24t	Approximate Interval Betw Onset and Done and Don
Abock, of IMMEDIATE CAUSE (disease or condition resulting in desth) Sequentially list comif any, leading to immediate. Enter UNDER CAUSE (Disease or inthat Initiated events resulting in deeth) L. PART II. Other signif	ditione, mediate LYING njury AST D TO MEDICAL Pending Investigation Could not be defarmined	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28a. DATE OI (Month, to building)	O (OR AS A CO O	DINSEQUENCE OF THE PROPERTY OF	F1e 106 not enter the CAY OF): OF): OF): OTHER: 4 Nursing ME OF JURY M 1 street, factory,	sunse mode of d	e given in DEATH (C) Rasidenca	Part i. Part i. 28d. DES 28f. LOC. City is	24a. WAS AN PERFO	A AUTOPSY RMED? 2 SM6 INJURY OC. and Number as sta	, MD Treat, 24t	Approximate Interval Betw Onset and Done and Don
Abock, of IMMEDIATE CAUSE (disease or condition resulting in desth) Sequentially list comif any, leading to immediate. Enter UNDER CAUSE (Disease or inthat Initiated events resulting in deeth) L. PART II. Other signif	ditione, mediete LYING njury AST Pending Investigation Could not be defarmined ERTIFYING PHYSIEDICAL EXAMIN	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28a. PLACE (building) SICIAN: To the best of the series of	O (OR AS A CO O	DINSEQUENCE OF THE PROPERTY OF	F1e 106 not enter the CAY OF): OF): OF): OTHER: 4 Nursing ME OF JURY M 1 street, factory,	egle-H Sunse mode of d v Q tyling ceuse 8. PLACE OF Home 5 1: INJURY AT VES 2 office data and place on, death occ	e given in DEATH (C) Rasidenca	Part I. Part I. 286. DES 287. LOC. City on a to the cause of time, data	24a. WAS AN PERFO	AUTOPSY RMED? 2 NO INJURY OC and Number and due to t	24th	Approximate Interval Betw Onset and Dr. Dr. Were Autopsy Finding Amailable Prior to Completion of Caus of Death? 1 Yes 2 No
IMMEDIATE CAUSE (disease or condition resulting in desth) Sequentielly list comif any, leading to immicause. Enter UNDER CAUSE (Disease or in that initiated events resulting in deeth) L. PART II. Other signif 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29s. CERTIFIER (Check only one) 2 M	disease, or r haert fellure. Finel dittlone, mediete LYING njury AST cleant condition D TO MEDICAL Pending Investigation Could not be detarmined ERTIFYING PHYS IEDICAL EXAMINITLE OF CERTIFIT The office of the country of th	b. DUE TO b. DUE TO c. DUE TO d. To Pose contributing to 28a. DATE Of (Month, I) 28a. PLACE of building SICIAN: To the best of IEER: On the basis of I	O (OR AS A CO O	onsequence of the second of th	F1e 106 not enter the CAY OF): OF): OF): In the under OTHER: OTHER: A Nursing ME OF JURY M 1 street, factory, red at the time, ion, in my opini	egle-H Sunse mode of d v Q tyling ceuse 8. PLACE OF Home 5 1: INJURY AT VES 2 office data and place on, death occ	e t Av ying, suc O given in DEATH (C) Rasidenca	Part I. Part I. 286. DES 287. LOC. City on a to the cause of time, data	24a. WAS AN PERFO	AUTOPSY RMED? 2 NO INJURY OC and Number and due to t	24th	Approximate Interval Betw Onset and D. b. WERE AUTOPSY FINDI AMILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 No

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 52		
	Pag		
	ermit		
	nsit p		
Sician	ial-tra		
g phy	e bur		
tendin	as th		
or att	r use		
spital	of ber		
he ho	detact		once
by t	od b		te p
tained	shoul		tifle
be re	ge 5		e no
тау	or, pa		ust b
age 6	direct		E II
ath. F	neral		amin a
ter de	the fu	Mal.	al ex
urs af	in by	пеш	edic
20	filled	iou, 0	he m
SICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	oletely	remat	ent, t
uted v	comp	rial, c	C eve
биес	n and	to bu	ımati
ate be	ysicia	prior	r trai
ertific	ng ph	giene	othe
eath c	aftend	rtal H)	7, 01
the d	the	d Mer	infur
that	ed by	Ith an	any
quire	n sign	of Hea	HOWS
law re	as be	Jept.	23 s
: The	cate h	State [item
SICIAN	certifi	the S	, OT
PHY	r this	h with	arked
VDING	Afte	r deat	is m
ATTEN	SCTOR	s after	ا 28
L 0R	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITA	VERAL	hin 72	NT: II
E HO	IE FU	M With	BITA
-	10 Th	be file	IMPC

Dr. Kioumarce Yazdani
31. DATE FILED (Month, Day, Year) 32. REGISTR.

- 6

1994

32. REGISTRAR'S SIGNATURE

										9	iş.	20/09
	1 - FOR STATE REGISTRAR	STATE OF MA					EALTH AND N		YGIEN EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Las	ut)						2. DATE OF D	EATH			3. TIME OF DEATH
	John	Elmer			Phorne	9		July	4,	1994	YEAR	1703 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. last					7. DATE OF B	нятн		8. BIRTH	IPLACE (State or Foreign
	577-24-9980	1 X M 2 □ F	1 x M 2 □ F 69			DAYS	HOURS MIN.	(Month, De) 8-21	-192	24	Was	sh. D.C.
	9a. FACILITY NAME (If not institution, giv	e street and number)			9b. CITY, T	OWN OF	R LOCATION OF DE	ATH		9c. COL	INTY OF D	
DIRECTOR	Calvert Memori				Pri	ince	Freder	ick			Calv	ert
Œ	10a. STATE 10b. COUI	YTY		10c. CIT	Y, TOWN OR	LOCATIO	ON					10d. INSIDE CITY
5	MD Ca	lvert		No	rth B	eacl	h					LIMITS?
AL	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
ER.	3936 5th Stree	t					20714				U.S.	Α.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT			13. WA	S DECE	NOENT OF HISPAN	IC ORIGIN? (S	pecity Yes	or No—	14. RACE	E American Indian.
	1 Never Married 2 Married	FORCES? 1 X		0			city Cuben, Maxicar 2 X NO Specify		, atc.)		Speci	k, White, etc.
В	3 Widowed 4 Divorced	WWII									1	White
ED	15. DECEDENT'S E (Specify only highest gra	DUCATION ide completed)	16a. DEC	EDENT'S	USUAL OCCI	UPATION	N Laf working	16b. KIN	D OF BUS	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)	ing most	to working					
MP	11		0	ptic	<u>ian</u>			Eye	Gla	asses	3	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		_				18. MOTHER'S NAI	ME (First, Middle	, Maiden	Surname)		
BE (John Elmer Thor	ne					Grace	Lee Mo	ther	cshea	ad	
0	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (S	Street an	d Number or Flural F	loute Number, C	ity or Tow	n, State, Zi	ip Code)	
F	Frances E. Thor	ne	3:	936	5th S	tre	et Nort	h Beac	h, N	1D 2	20714	ļ
	20a. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Re	amount from State	20b. PLACE A			ON (Nam	ne of	DATE	20c. LO	CATION -	City or To	rwn, Stata
	4 Donation 5 Other (Specify)		Metro	poli	tan C	rema	atory 7-	10-94	Ale	exand	dria,	VA
	21. SIGNATURE OF PUNERAL SERVICE	DOENGE .			22. NA	ME AND	ADDRESS OF FAC	CILITY				
	1	Sull			l Pa	1100	h Euroro	1 Homo	. D	A 0-	·i nac	s, MD 20736
ERTIFICATION	23-PART I. Enter the diseases, of heart fellur immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. C V A DUE TO (0 DUE TO (0	R AS A CONSEO	UENCE OF	P):	Rev.	e of dying, much			ratory ar	reat,	Approximate interval Between Onset and Death
H	resulting in death) LAST	d. Lever	e (an	ska	M_	Ster	1600	2	•		
O	PART II. Other significant conditi	one contributing to de	eth but not re	suitino	in the unde	ertylno	Cause given in	Part I. 24a	WAS AN	AUTOPSY	245	. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL								10	PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINENT?	HOSPITAL:					NCE OF DEATH (Che					
<u>×</u>	1 YES 2 NO	1 🗹 Inpatient 2 🗆 E			4 - Nursin		5 Residence	_				
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,		28b. TtM INJ	URY	Bc. INJU WOR 1 YE	IK?	28d. DESCRIE	BE HOW I	NJURY OC	CURED	
<u>ا</u>	3 Suicida 6 Could not t 4 Homicide determined	28e. PLACE OF I building, atd	NJURY — At hon :. (Specify)	RY — At home, term, street, fectory, office 2:					N (Street i wn, State)	and Numbe	er or Rural I	Route Number,
COMPLET	one) —	YSICIAN: To the best of m										i) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIF	ا م	land	w	1		29c. LICENSE NUM	168		29d. DA	TE SIGNED	(Month, Day, Year)
	Dr. Kioumarc		OF DEATH (ITEM			e Fr	rederick	, MD	206	78		

80.74

8	1 - STATE STATE OF MARYL			OF HEALT		MENTAL HYGIE!	_							
_	1. DECEDENT'S NAME (First, Middle, Last)			0. 52.	****	2. DATE OF DEATH		3. TIME OF DEATH						
	THOMAS J. VETRI	7					0 9	YEAR 10 20 AM						
		(In yrs. last birthday)	IF UNDER	1 YEAR IF UND	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)						
	216-18-2475 12M2DF 84	YRS.		DATE HOUSE	wild.	10 14 1	1 6061	Maryland						
œ	9e. FACILITY NAME (If not institution, give etreet end number)	TION OF D		9c. COUNT	Y OF DEATH									
5	Manokin Manor Nursing Ho	s A	nne	Sor	merset									
DIRECTOR	10a, STATE 10b, COUNTY	10c. CIT	Y, TOWN O	OR LOCATION				10d. INSIDE CITY						
0	Maryland Somerset		Pri	ncess	Anne	e		LIMITS?						
3AL	10e. STREET AND NUMBER	10g. CITIZE	EN OF WHAT COUNTRY?											
FUNERAL	28311 Mt. Vernon Road			21	853		l	J.S.						
5	11. MARITAL STATUS 1 Never Merried 1 Never Merried 1 Never Merried 1 Never Merried 1 Never Merried	U.S. ARMED	13. \	WAS DECENDENT	OF HISPA	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	a or No 1	4. RACE — American Indian, Black, White, etc.						
B≼	3 Widowed 4 Divorced IF YES, GIVE WAR OR D.	ATES	1	YES 2 THE	O Speci	fy:	- 1	Specify:						
G	15. DECEDENT'S EDUCATION	18e. DECEDENT'S	USUAL OC	CCUPATION		16b. KIND OF BU	ISINESS/INDU	White						
Ē	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done o	during most of wor	king									
MPI	5	Water	cman				Seafo	o d						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				THER'S NA	AME (First, Middle, Malder								
B	Frank Vetra			N	agg:	ie Anders	on							
2	19e. INFORMANT'S NAME (Type/Print)			(Street end Numb	er or Rural	Route Number, City or Tox	vn, Stete, Zip C							
	Mrs Julia M Vetra	2831	11 M·	t. Ver	non			Md. 21853						
		PLACE AND DATE petery, crematory or dalishut	of DISPOS ther place)	ITION (Name of				ty or Town, State						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	alisbui		remato			isbury	. Maryland						
	• ()					neral Home	. Inc.							
	Jams d. Mone	M00295		1167	3 Sn	merset A	VA	Pr. Anne. Md						
	23. PARTY. Enter the diseases, or complications that caused shock, or heart fellure. List only one cause on e	the death. Do i ach line.	not anter	the mode of d	lying, suc	ch as cardiac or resp	iratory srres	Approximate Interval Between						
	IMMEDIATE CAUSE (Final disease or condition													
	resulting in death) e. DUE TO (OR AS A	CONSEQUENCE	ajo	my	au	lune								
z		Can				100 11								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	CONSEQUENCE O	F):	aud	-	In che	COL							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury					V								
E	that initieted events DUE TO (OR AS A resulting in death) LAST	CONSEQUENCE O	F):											
B	d													
CAL	PART II. Other significent conditions contributing to deeth b	ut not resulting			given in			24b. WERE AUTOPSY FINDINGS						
	typolly raids	щ,)	-13	luci	بصب	PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE						
ME	Lixare		6)				OF DEATH?						
ä														
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTUG	26. PLACE OF	DEATH (Ch	eck only one)								
IXS	1 YES 2 NO 1 Inpetient 2 ER/Outp	effent 3 🗆 DOA		ing Home 5 🗆 I	Residence	8 Other (Specify)								
	27. MANNEY OF DEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	28c. INJURY AT WORK?		28d. DESCRIBE HOW	NJURY OCCU	RED						
à	2 Accident Investigation	At home 4	M	1 YES 2	□ NO									
COMPLETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY building, etc. (Spec	ily)	ntreet, racto	ну, опісе		281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,						
9	290. CERTIFIER	SHI FACE A THE												
ğ	(Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge one) MEDICAL EXAMINER: On the basic of examination	edge, death occurre end/or investigation	n in my or	me, date end plac	e, end due	to the cause(e) and ma	nner ee stated.							
	29b. SIGNATURE AND TITLE OF CERTIFIER													
8	S A	1		29c. Li	CENSE NUI	WHER A	29d. DATE S	IIGNED (Month, Pay, Year)						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type.	Print)		78	246	L (0	150194						
		in Stree		riefic1	d Ma	1 21017								
	31/DATE FILED (Month, Day, Year) 321 REGISTRAR'S SIGNA	TIL OCT SE	U, U.	TATTEL	u, m	J. 2101/								
Ţ	JUL 05 1994 July paweller have	-												

4.3.9

7 17 3

7

* 7/4m

with the state of the

7	
90	
7	
6876	
_	
2	
BOX	
142	
0	
P.0	
_	
S	
0	
<u>E</u>	
\aleph	
\sim	,
~	
L RECORDS,	
OF VITAL	
=	i
=	
0	
Z	
0	
DIVISION	
=	
=	

STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH June Mildred Williams 1952 2:43 A AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign hours after death. Page 6 may be retained by the hospital or attending physician. ad in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH albor DIRECTOR aston 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 33 6 eNue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Merried 2 Married If yee, specify Culfan, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: BY 0 3 Widowed 4 Divorced ack COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind at work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Coffege (1-4 or 5+) Labor Grade-10 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) ARthur notified at BE 19e. INFORMANT'S NAME (Type/Print) 21613 2 DoRothy Mae must be 20e. METHOD OF DISPOSITION
1 D Burlet 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Nath OATE etersburg 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FUNERal filled in by the fillion, or removal. the medical 23. PART Lenter the diseases, or complications that caused he death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximeta shock, or heart fellure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Dasth cremation disesse or condition resulting in death) wew W traumatic event, DUE TO (OR AS A CONSEQUENCE OF): to burial. CERTIFICATION Sequentielly list conditions, QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate attending physician Hygiene prior cause. Enter UNDERLYING CAUSE (Disesse or injury other OUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 50 Mental Injury, signed by the a PART II. Other eignificent conditions contributing to death but not reculting in the underlying cause given in Pert i. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL shows any 1 YES 2 1 YES 2 NO PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item NOSPITAL: OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) the 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d, OESCRIBE HOW INJURY OCCURED marked, With Natural 1 YES 2 NO ΒY death 2 Accident DR ATTENDING 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) .22 COMPLETED 6 Could not be DIRECTOR: A hours after d them 28 is 4 Homicide hours 29a, CERTIFIER FLINERAL (HUSPITAL Ξ TO THE FLINERA

See Sted within 72

IMPORTANT: III CHAYURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, 岩 27409 2 WHO COMPLETED CAUSE OF DEATH ((TEM 27) (Type Print) allers BURENCE BOHAN MD 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUN 3 v 1994 Julia Davelson-Rardall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	4
<u>_</u>	1
~	ľ
68760,	
<u></u>	
Φ	
ထ	
-	
<u>~</u>	
, P.O. BOX	
~	
ш	
	1
\circ	
٠.	
Ω.	
_	
10	ŀ
97	
\Box	
00	
$\overline{}$	
\cup	
()	
ĬĬ.	1
-	
ш.	
TAL RECORDS	
-	•
4	
\vdash	
	1
JE VI	
11	1
0	1
$\stackrel{\smile}{=}$	1
	1
0	d
=	1
CO	į
	1
>	3
-	Ą
	1
	J

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRARMINNIE ROBERTA Wilburn CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First,	Middle, Last)		W	11/20	uss	7				2. DATE OF	DEATH	1,19	YEAR 3.	TIME OF DEATH	
_		4. SOCIAL SECURITY NUMBER 218-34-5037	DER	5. SEX 1 M 2 F		(In yrs. lest b	"	IF UNDER	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D	BIRTH ey, Year) -1903		BIRTHPL Country)	MD	
should		9a. FACILITY NAME (If not in	stitution, give s			<i></i>	9	9b. CITY,	TOWN C	OR LOCATIO	ON OF DE		-1903		TY OF DEAT		
1, 2, 3 sh	стов	Prince Geo	rges G		lospi	tal			evei						Prince Georges		
Pages	2	10e. STATE	10b. COUNT	1			10c. CITY,	TOWN O	R LOCAT	TION					10	d. INSIDE CITY	
nit. P	ā	MD	Cal	vert			Che	sape	eake	Bea	ch				1	YES 2 NO	
it permit.	FUNERAL	10s. STREET AND NUMBER			-				101	. ZIP CODE				, ·		T COUNTRY?	
020 physician. burial-transit	NE	4342 Christ	tiana	Parran R		MILE ADME	-	1.0.0			732			-	J.S.A.		
P 2 2 2	B	1 Never Married 2 3 Widowed 4 Divo		FORCES?	YES	2 X NO	NO If yes, specify Cuben, Maxican, Puerto Rican, etc.)				in, etc.)	or No-	Black, W Specify:	American Indian, hita, atc. White			
215 attend	ED		EDENT'S EDU			16a. DECE	DENT'S US	SUAL OC	CUPATIO	ON ost of workin		16b. Ki	ND OF BUS	INESS/INDL	ISTRY		
ed to	COMPLET	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do	NOT use	retired.)	uring inc	or working	9		Home				
AND the hospit detached	00	17. FATHER'S NAME (First, M	iddle, Last)							18. MOTH	IER'S NAI	ME (First, Midd	lle, Maiden S	Surname)			
od by	BE	Charles					anfo				inni					Cox	
MARYLA retained by the 5 should be det notified at on	9	19a. INFORMANT'S NAME (7) Doris Hall										Route Number,			,	MD 20722	
(I)		20a. METHOD OF DISPOSIT			20h	PLACEAN			_		LLan	OATE	1		BCII,	MD 20732	
0 6 5		1 10 Burial 2 Crematio		oval from State		netery, crema mmanu					6-	30-94			own,	2000	
ALTIN death. Pag tuneral dir i. examiner		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	//	/		-		NO ADDRES		CILITY					
e de la la la la la la la la la la la la la		1/-6	ry	1/4	1											MD 20736	
the med		23 PART I. Enter the di shock, or h IMMEDIATE CAUSE (Fin disease or condition resulting in deeth)	eart fellure.	Adm	dlar	d the destine.	ma	0				,	or respir	ratory arre	st,	Approximate Interval Between Onset and Death	
A DE	TION	Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):															
certificate ding physiene p	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):															
the death the attend Mental Injury, o	CE	DART II Other significa	nt nondition	o.	4	W. Sarly	101 - 1										
that the sed by the and the and in the sed by the sed b	EDICAL	PART ii. Other algnifica	in condition	s contributing to	oeath b	out not res	ulting in	the und	deriying	g ceuse g	given in		e. WAS AN / PERFORI	MED?	AM CO	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
St of B	2	DID TOBACC	O USE	CONTRIBUT	E TO	CAUSI	E OF	DEAT	Ή	YES I] NC	THE C			1 (YES 2 NO	
4 9 E C -	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?							26, PL			eck only one)					
SICIAN: The certificate the State	YSIC	1 YES 2 NO		HOSPITAL:	ER/Outp	patient 3 🗆		Nurs		ie 5 □ Ra	sidence	6 Other (S	pecify)				
ATTENDING PHYSICIAN: ECTUR: Ann. this certifical and and with the St 28 is marked, or it	ВУ РНУ		Pending Investigation	28a. DATE OF (Month, L		2	28b. TIME (URY AT PRK? YES 2] NO	26d. DESCR	BE HOW IN	JURY OCCI	JREO	×	
OH ATTENDIS DIRECTOR: At nown after dir tern 28 is n	8		Could not be determined	26a. PLACE C building.	of INJURY , atc. (Spec	— At home	, farm, atre	eet, facto	ry, office	•		28f. LOCATION City or 7	ON (Street ar own, State)	nd Number o	or Rural Route	Number,	
HOSPITAL OFF FUNERAL DIPE within 72 hours	COMPLET			CIAN: To the best of a												d manner as stated.	
Con all	O BE (296. SIGNATURE AND TITLE	XX	ochego	ier	M	7		Ø	121	NSE NUN	0		run	828	1994	
1	-	30. WANTE AND AODRESS OF	PK	adrigue	ZH	D S	17 (Type, P)	Par Par	Bu	m Ct	40,	Spri	md.	20	748	-023	
		31. DATE FILEO (Month, Day,		32. REGISTRA	R	luca-Ra	rdall		-17-17								

SITE HE

3. TIME OF DEATH 165

2. DATE OF DEATH 6-27-94

FOR

1 -

STATE REGISTRAR

DECEDENT'S NAME (First, Middle Last)

Annie

Elizabeth

Ward

•	
0	
760	
2	
8	
BOX 68760,	
2	
ш	
o.	
Ÿ	
P.0.	
50%	
S	
Œ	
RECOR	
O	
Ш	
œ	
_	
/ITAL	
>	
ш.	
0	
_	
Z	
0	
70	
27	
2	
5	

4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTN (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 X F 87 YRS. 218-36-2438 12-21-1906 MD use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Bayfront Road 662 West Lothian Anne Arundel RESIDENCE OF DECEDEN 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel Lothian 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 610 West Bayfront Road 20711 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Marrie Il yes, specify Cuban, Maxican, Puerto Rican, etc.) ВҰ IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: 3 Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high for for Elementary/Secondary (0-12) College (1-4 or 5+) 8 office/clerical work MD State Comptroller 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) page 5 should be Ħ Edward Petherbridge Nellie BE Wayson notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Amos H. Ward, Jr. 662 W. Bayfront Rd. Lothian, MD 20711 pe 20e. METHOD OF DISPOSITION
1 M Burlal 2 Cremation 3 Ramoval from Stale
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Slata DATE director, 1 must Mt. Zion UM Church Cem. 6-30-94 Lothian, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 9 the funeral William Rausch Funeral Home, P.A. Owings, medical 23. PART i. Enter the diseases, or complicat ons that caused the deeth. Do not enter tha mode of dying, such as cerdiac or respiratory arrest, completely filled in by Approximate shock, or heert failura. List eniy/one cause on each line. interval Between ŏ **IMMEDIATE CAUSE (Finel** Onset and Death the cremation, disease or condition_ resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) Hygiene prior to burial, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut TO THE, EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and obe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buri IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 ☐ YES 2 ☐ NÔ 1 Inpetiant 2 ER/Outpetient 3 DOA 4 ☐ Nursing Nome 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending M BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, lerm, street, lectory, office building, atc. (Specify) ETED 3 Suicide 6 Could not be 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined 1 CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the beels occured at the time, date and piece, end due to the ceuse(e) end manner as stated. 201 SIGNATURE AND TITLE OF 29d. DATE SINED (Mongh, Day, BE 28 174 6 2 PAPLETED CAUSE OF DEATH (ITEM 27) (Typo Print) 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUN 2 9 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

24 hours after death. Page 6 may be retained by the hospital or attending physician. executed within

10

Cin. .:

. . .

FOR STATE REGISTRAR

	ш
	n
	⋖
	-
	-
	>
	8.0
	-
	U
	-
	-
	0
	-
	S
	5
	_
	$\overline{}$
	-
A STATE OF THE PARTY.	L .

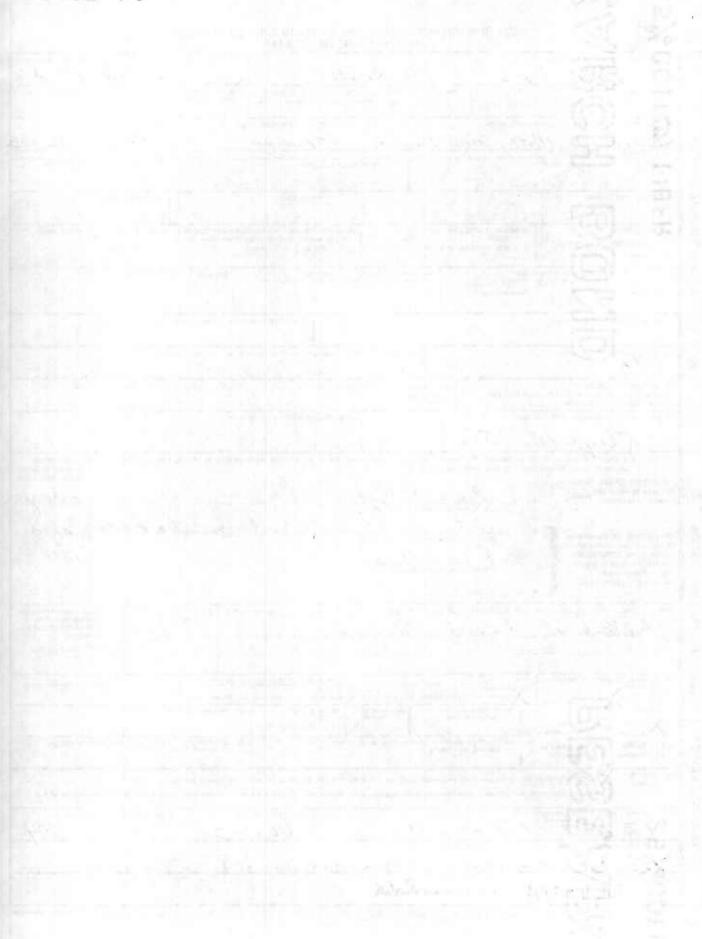
	REGISTRAN				EKIIF	ICAL	E OF	DEA	IH	REG. N	0.		
į	1. DECEDENT'S NAME (First, Middle, Last) WILSON 2. DATE OF DEATH MONTH DAY OF THE OF DEATH MONTH DAY OF THE OF DEATH												
	4 SOCIAL SECURITY MUMBER							(e 2	9 0	141	0302		
- 6	169-20-522		1 M 2 VE	AGE (In yrs.)				# UNDER	MIN.	7. DATE OF BIRTH	906	a. BIRTHP Country	LACE (State or Foreign
ĝ	Sa. FACILITY NAME (If not insti		set and number)			9b. CITY	, TOWN	OR LOCATE	ON OF DE		_	TY OF DE	
	ATLANTIC	GENI	ERAL HOS	PITA	L			LIN			0.7		ESTER
5	RESIDENCE OF DECEDENT												
	MD .	WOI	RCESTER		10c. CIT	BER							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			10	f. ZIP CODI	E		10g. CITIZEN OF V					
	RT. 50 & 113					21811					U.S.A.		
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 (ORIGIN? (Specify Yea or No- 14. RACE -		
	1 Never Married 2 Married 3 Wildowed 4 Divorced 1 PORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					It yes, specify Cuban, Mexican, Puerto to 1 YES 2 NO Specify:					Black, White, etc.) Black, White, etc. Specify: WHI!		
	15. DECED (Specify only h	DENT'S EDUCA	ATION ompleted)	16e, 0	DECEDENT'S (Give kind of	USUAL O	CCUPAT!	ON ost of working	na .	16b. KIND OF B	USINESS/IND	USTRY	-
	Elementary/Secondary (0-12		College (1-4 or 5 +)		me. Do NOT us	oe retired.) JSEW			9	OWI	мон и	E	
	17. FATHER'S NAME (First, Middle, Last)							18. MOTI	HER'S NAM	IE (First, Middle, Maide	n Sumame)		
	JACOB F	REY						1		E BACHO			
	19a. INFORMANT'S NAME (Type	e/Print)		1	19b. MAILING	ADDRES	S (Street	and Number	or Rural A	oute Number, City or To	wn, State, Zip	Code)	
	BARRY W	ILSON	1		117	7 CO	VER	ED E	BRID	GE RD.	FRUIT	LANI	,MD.218
	20a. METHOD OF DISPOSITION 1 D Burlet 2 St Cremation	3 🗌 Remov	val from State	20b. PLACI	E AND DATE	OF DISPOS	SITION (N	ame of		DATE 20c. L	OCATION —	City or Town	n, State
	4 Donation 5 Other (S			EAS	STERN					6-25	GEOR	GETC	DWN, DEL.
	21. SIGNATURE OF FUNERAL S	SERVICE LICE	NSEE /	7.	//	22.	NAME A	ND ADDRES	SS OF FAC	ILITY			
	BOUNDS FUNERAL HOME, SALISBURY, M										SBURY, MI		
CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	nts G	DUE TO (OR	AS A CONS	EQUENCE OF	Her F):	fa	des	en				DRYS
ווורטוטיו	PART II. Other significant conditions contributing to death but not					sulting in the underlying ceuse given in Part I				PERFO	PERFORMED?		VERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							ck only one)					
	1 VES 2 NO		26e. DATE OF INJ			-	_			Other (Specify)			
	1 Natural 5 Pe		(Month, Day,)		28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO			281. LOCATION (Street and Number or Rural Route Number,					
n o	2 Accident Invest/getion 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)					street, tect							
										City or Town, State)			
OMPLE	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.												
∦ دَ	29b. SIGNATURE AND TITLE OF	-					P.S.D. 15.		NSE NUME				THE HEALTH SE STATES.
3	Srow	Jule	enz	COL	Ť			219	- 1	JEK .	29d. DATE	SIGNED	24/94
	A. SCOTI SU	MR CC	COMPLETED CAUSE OF	T V	EM 27) (Type,	Print)	1010	1/1	Hos	PITA	\		
	31. DATE FILED (Month, Day, Yea JUN 2 4		32. SEGISTRAR'S	SIGNATURE	A.II.					1			
	3011 24	וייין	Jana was		- v 40-4								
													DHMH, 16 Bev

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

PIT 1

,
0
68760,
~
60
9
BOX
0
m
0
Q
P.0.
10
~
-
0
0
RECORDS
-
1
TALF
d
_
OF VI
li.
<u></u>
-
7
=
0
VISION
=
>
=

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



BALTIMORE, MARYLAND 21215-0020

o	1
\approx	ľ
9	
68760	
w	
Φ	
$\overline{}$	
BOX	
80	
m	
_	
~	
0	
σ.	
_	
S	
\Box	
\sim	
1	
0	
Ō	
Ш	
œ	
VITAL	
⋖	
-	i
_	
>	1
OF	i
\circ	ì
_	i
7	i
$\overline{}$	
U	i
	i
U)	i
=	
\leq	
DIVISION	
	i

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.											
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH 3. TIME OF DEATH						
	•	HEN	BY .I	WHITE		JUNE 1	3 1994					
	4. SOCIAL SECURITY NUMBER 5.		rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	s. SIRT	HPLACE (State or Foreign				
	048-05-1139 9a. FACILITY NAME (If not institution, give street		82 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1 Mass	achusetts				
œ					R LOCATION OF O							
ō	Memorial Hospital at Easton Easton Talbo											
E	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ION			10d, INSIDE CITY				
E	Maryland Carol					alsburg		LIMITS?				
7	10e. STREET AND NUMBER			101	ZIP CODE	arsburg	WHAT COUNTRY?					
ER/	318 Morris Av	enue			21638							
FUNERAL DIRECTOR		. WAS DECEDENT EVER IN U.		13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Ye	a or No — 14. RAC	- 14. RACE - American Indian.				
	1 Never Married 2 Married	FORCES? 1 YES 2		If yes, spi		in, Puarto Rican, etc.)	Blac	Specify: White				
ВУ	3 Wildowed 4 Divorced	19270193			_ (A	<i>y</i> .	Span	white				
	15. DECEDENT'S EDUCATI (Specify only highest grade corr	ION 16	(Give kind of w	USUAL OCCUPATION		16b. KIND OF BU	JSINESS/INDUSTRY	INESS/INDUSTRY				
Ш		College (1-4 or 5+)	life. Do NOT use	e retired.)			Y	ette en en e				
MP	Sixth		Paint	er			Improven	nents				
COMPLETED	t7. FATHER'S NAME (First, Middle, Linst)	rvey White				ME (First, Middle, Malde						
BE		rvey white				e Kilcoir						
2	19a. INFORMANT'S NAME (Type/Print) Mrs. Elaine R	ine				Route Number, City or To						
			Rd.			Seaford,						
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal	from Stata cemeter	v. crematory or oti	F DISPOSITION (Na her place)		1	OCATION — City or To					
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS		ll Cre		etery D ADDRESS OF FA		deralsbu	ırg, MD				
	Muchael 1-9	Λ					cow Fune	eral Home				
	11(02,000)	214		PO Bo	x 43, F	ederals	oura. Mc					
	23. PART i. Enter the disesses, or com shock, or heart failure. List	plicetione thet ceused the control one cause on each	e death. Do n	ot enter the mo	de of dying, suc	h ss cerdisc or resp	piratory srrest,	Approximete Interval Between				
	IMMEDIATE CAUSE (Finel											
	disesse or condition resulting in desth) s	themore auk										
	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions,											
Ě	If sny, leading to immediate course. Enter UNDERLYING											
5	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CO	INSEQUENCE OF	n:								
CERTIFICATION	resulting in deeth) LAST			•				i I				
	0											
¥	PART II. Other significant conditions of	ontributing to deeth but	not resulting in	n the underlying	cause given in	Pert I. 24s. WAS AI		D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
PHYSICIAN: MEDIC	CVA					t YES	2 (Spairs)	COMPLETION OF CAUSE OF DEATH?				
M						_		1 _ YES 2 _ NO				
ÿ												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PL	ACE OF OEATH (Ch	eck only one)						
YS	- /	eInpetient 2 ER/Outpetie		4 - Nursing Hom		8 Other (Specify)						
	27. MANNER OF DEATH 1 And Death S Pending	28a. DATE OF INJURY (Month, Day, Year)	26b, TIME INJU	URY WO	RK?	28d. DESCRIBE HOW INJURY OCCURED						
BY	2 Accident Investigation	20- DI 405 OF BUILDING			ES 2 NO							
8	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	20e CERTIFIER											
MPL	29s. CERTIFIER (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.											
Ö	2 MEDICAL/SXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.											
BE	296. SIGNATURE AND TITLE OF RESTIFIES 29d. DATE SIGNED (Mosph, Do.)											
2	1) 1900	7			0370	56	D (0//	5117				
-1	36. NAME AND ADDRESS OF PERSON WHO CO		(ITEM 27) (Type	Print)	10.01.	000 01	1.6					
	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 37. DATE EN ED Men & S. M. M. M. M. M. M. M. M. M. M. M. M. M.											
	JUN 16 94	32 REGISTRAR'S SIGNATU	RE P AA									
- 1	100 T D 34	A ENTRICTOR	Manager									

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur he fled within 72 hours after death with the State Deot, of Health and Mental Moslene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	EDENT'S NAME (First, Mid		nime () hi	\A/				2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH		
4 80	4. SOCIAL SECURITY NUMBER 5. SEX			NERMAN 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				6	30	94	10:90F		
	16-10-8598		XM2 DF			ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIPTT	IPLACE (State or Foreign y)		
	CILITY NAME (If not institut			80		6 CITY TOWN	OR LOCATION OF	Nov.16.			yland		
(Charlestown	Nursi		Center			nsville				JATY OF OEATH Baltimore		
10a. S1		b. COUNTY			10c. CITY,	TOWN OR LOCA	ATION				10d. INSIDE CITY		
	cyland		timore			Baltim	ore				1 YES 2 NO		
	TREET AND NUMBER 71						Of, ZIP CODE		10g. Cl	TIZEN OF V	WHAT COUNTRY?		
	arlestown R					404	2122	88	I	J.S.A			
11. MARITAL STATUS 1 Never Married 2 Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT, EYER IN U.S. AF FORCES? 1 M YES 2 IF YES, GIVE WAR OR DATES W W II					MED IO	It yes, s		ANIC ORIGIN? (Specify can, Puerto Rican, etc.)	Yes or No—	14. RACI Black Spec	E — American Indian, k, White, atc. My: White		
-	15. DECEDE	NT'S EDUCATION	ON	16a, DE		UAL OCCUPAT		16b, KIND OF I	BUSINESS/IN	IDUSTRY	wiitte		
(Specify only highest grade completed) (Give kind of wo Elementary/Secondary (0-12) College (1-4 or 5+)						k done during n etired.)	ost of working	- 1					
	12				supe	rvisor			dairy				
	THER'S NAME (First, Middle	,					18. MOTHER'S N	AME (First, Middle, Maid	len Surname)				
Alvie O. Zimmerman							Mary	Freeze					
19a. INFORMANT'S NAME (Type/Print) Charles L. Zimmerman 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8 W. Broadway Union Bridge, MD 21791													
		immerm	an		_								
20a_METHOD OF DISPOSITION 1 (L) Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cematery, crymatory or other place) Druid Ridge Cemetery 7/5 Pikesville, MD													
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Africa O. Sauther 22. NAME AND ADDRESS OF FACILITY D.D. Hartzler & So Libertytown, MD										Sons			
23. PART I. Enter the diseases, or complications that caused the death. Do not after the mode of dying, auch as cardisc or reapiratory strest, shock, or heert failure. List only one cause operate line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due 10 (OR AS A CONSEQUENCE OF):										Approximata interval Betwee Onset and Del			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):													
csus CAUS that I		d	1 U YES 2 NO COMPOF DE										
CAUS that I	ting in death) LAST	d	ontributing to de	eth but not r	esuiting in	the underlyi	ig cause given i	PERF	5-1		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
If sny cause CAUS that I result	ting in death) LAST		ontributing to de	eth but not r	esuiting in			PERF	5-1		COMPLETION OF CAUSE OF DEATH?		
If sny cause CAUS that I result PART	ting in death) LAST	EDICAL HI	OSPITAL:			26. I	PLACE OF DEATH (PERF	5-1		COMPLETION OF CAUSE OF DEATH?		
PART 25. WA EX 27. MA	II. Other significant of the sig	EDICAL HI	OSPITAL:	WOutpetlent 3		28. I	PLACE OF DEATH (PERF 1 YES	2 NO	CCURED	COMPLETION OF CAUSE OF DEATH?		
PART 25. WA EX 1 [27. MA	S CASE REFERRED TO MICAMINER? NET OF DEATH Natural 5 Pan Accident Inve	EDICAL HIGH	OSPITAL:	VOutpatient 3 URY feer)	DOA 4	28. I	PLACE OF DEATH (to me 5 Residence idunty at ORK? YES 2 NO	PERF 1 YES Check only one) 8 Other (Specify)	2 NO	K	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		

10 2 - 10 37 July 5 16

	_:
	69
-	2
$\mathbf{\circ}$	80
CA	E
0	0
0	0
T	5
S	3
	60
OI.	분
6.4	
Τ.	ŏ
S	700
-	100
	0
7	8
4	Ē
es.	63
7	8
_	>
BALTIMORE, MARYLAND 21215-0020	irs after death. Page 6 may be retained by the hospital or attending physician
C	P
-	2
Q.	.9
5	6
-	6
-	8
111	-
=	æ
ш	E
0	(0)
\simeq	-
5	8
	Ta
	44.
	e
-1	at
at .	9
-	
ш	9
	2
	60
	5
	8
	d with hour
760	
	25
9	.2
0	_
P-	8

DIVISION OF VITAL RECORDS, P.O. BOX 687

OTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

	1. Decedent's name (First, Middle, Last) Diane Zies							2. DATE OF	DAY	94	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219-54-1198	10	M 2 ⊠ F	AGE (In yrs. lest b	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D) 6/22/4	148 (48)	Mari	ryland	
OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION Washington County Hospital Hagenstown							DEATH		ashingto		
RECTO	Marylard Washington Hance						ON				10d. INSIDE CITY	
IC DI	Maryland 10e. STREET AND NUMBER	OCK	ZIP CODE		100	1 YES 22 NO						
FUNERAL	13467 Round		2	21750			USA					
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Mer 3 Widowed 4 Divorces	ED		ENDENT OF HISPA city Cuban, Maxie 2 X XIO Spec	can, Puarto Rica		Bla	CE — American Indian, ck, Whita, atc. ccity: White				
ETED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USU.						N t of working	16b. KI	IND OF BUSINES	SS/INDUSTRY		
APLE	Elementary/Secondary (0-12)) Col	llege (1-4 or 5+)		o not use retir iemake							
COMPL	17. FATHER'S NAME (First, Middle	18. MOTHER'S N			ame)							
BE	Lloyd C. Trail 190. INFORMANT'S NAME (Typo-Print) 190. MAILING ADD 190. MAILING ADD							n Roma		ota Zin Codal		
2	Jack L. Zies 13467								ancock		21750	
	21. SIGNATURE OF FUNERAL SERVICE CENSES 22. NAME AND AGORESS OF FACILITY									cock, MD		
	(1)	1				TO INDIANT WIA	D WOOLESS OL L					
	23. PART I. Enter the disershock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)	ases, or comp rt fellure. List (only one ceuse	on each line.	MOL	P.O. The moderate mo	ARRI	eral H 368 F sch as cordiac	lancoc c or reapirato	k, MI ry arrest,	21750 Approximete interval Betwoonset and Do	
IFICATION	shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, laading to immedie cause. Enter UNDERLYING CAUSE (Disease or injury	a	CARA DUE TO (OF	on each line.	LENCE OF):	P.O. The moderate mo	Box .	eral H 368 F sch as cordiac	lancoc c or reapirato	ry arrest,	Approximete interval Betw	
CERTIFICATION	shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING	a	CARA DUE TO (OF	AS A CONSEQUE	LENCE OF):	P.O. The moderate mo	Box de of dying, au	eral H 368 F sch as cordiac	lancoc c or reapirato	k, MI	Approximete interval Betw	
MEDICAL CERTIFICATION	shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	aa, ba.d. d	OUE TO (OF	R AS A CONSEQUE	ENCE OF):	P.O. nter the mod	Box de of dying, au ARRI D CA	eral F 368 F ich as cerdiac RCIN	lancoc c or reapirato	ry arrest,	Approximate interval Betw Onset and D	
MEDICAL	shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificent	aa, b	OUE TO (OF	R AS A CONSEQUE	ENCE OF):	P.O. nter the mac ARY ARIA underlying	Box de of dying, au ARRI D CA	eral F 368 F sch as cerdiac RCIN	DMA La. WAS AN AUTT PERFORMED	ry arrest,	Approximate Interval Betw Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di	
SICIAN: MEDICAL	shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent	a	OUE TO (OF	R AS A CONSEQUE	ENCE OF): ENCE OF): HENCE OF): HENCE OF):	P.O. nter the mod ARY ARIA underlying	Box Je of dying, au ARRA D CA cause given is	RGIN	Ancoc c or respirato DMA As. WAS AN AUTO PERFORMED VES 2X1	ry arrest,	Approximate Interval Betw Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di	
PHYSICIAN: MEDICAL	shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pen	a	DUE TO (OF	R AS A CONSEQUENT AS A CONSEQU	ENCE OF): ENCE OF): HENCE OF): HENCE OF):	P.O. nter the mod ARY ARIA e underlying 26. PL HER: Nursing Homs 28c. INJ WOF	Box Je of dying, au ARRA D CA cause given in ACE OF DEATH (C) 5 □ Residence JRY AT	RGING n Part I. 24 theck only one) 6 □ Other (S	Ancoc c or respirato DMA As. WAS AN AUTO PERFORMED VES 2X1	DPSY 24	Approximate Interval Betw Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di	
ED BY PHYSICIAN: MEDICAL	shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immedie cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent EXAMINER? 1	a	OUE TO (OF DUE TO (OF	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE RAS A CONSE	ENCE OF): ENCE OF): ENCE OF): Builting in the	P.O. nter the model ARY ARA underlying a underlying 26. PL HER: Nursing Home 28c. INJI WOF	Box Je of dying, au ARRA Cause given is ACE OF DEATH (C) The Residence of Resid	RCINA Pert I. 24 Check only one) 6 Other (S 286, DESCR	Aancoc c or reapirato DMA Aa. WAS AN AUTT PERFORMED VES 2X1	DPSY 24 NO 24	Approximete interval Betw Onset and Donest a	
ETED BY PHYSICIAN: MEDICAL	shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immedie cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificent 25. WAS CASE REFERRED TO M EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident Inve 3 Suicide 8 Co. 4 Homicide dete 29a. CERTIFIER (Check only	a	DUE TO (OF DUE TO (OF	R AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUERY AS A CONSEQUER AS	ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): Aulting in the operation of the occurred at the occurre	P.O. Inter the moo	BOX Je of dying, au ARRA ARRA Cause given in ACE OF DEATH (C) TO S Residence AT RES 2 NO and place, and de	RGING Pert I. 24 Theck only one) Sheck only one) Check only one) 281. LOCATH City or 1	Aa. WAS AN AUTT PERFORMED VES 2 X1 ON (Street and Nown, State)	DPSY 24 PRY OCCURED	Approximete interval Betw Onset and Donest a	
ED BY PHYSICIAN: MEDICAL	shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, laading to immedie cause. Enter UNDERLYING CAUSE (Disease or injury that iniliated eventa resulting in death) LAST PART II. Other algnificent 25. WAS CASE REFERRED TO M EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pen EXAMINER? 2 Accident 3 Suicide 4 Homicide 8 Cou delt 29a. CERTIFIER (Check only one) MEDICAL	a	OUE TO (OF DUE TO (OF	R AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUERY AS A CONSEQUER AS	ENCE OF): ENCE OF): ENCE OF): SENCE OF)	P.O. Inter the moo	BOX Je of dying, au ARRA ARRA Cause given in ACE OF DEATH (C) TO S Residence AT RES 2 NO and place, and de	BC A Fich as cerdiad RC A A F	DMA La. WAS AN AUTT PERFORMED YES 2 X Specify) ON (Street and N Town, State) ON (Street and N Town, State)	DPSY 24 DPSY 24 RY OCCURED Jumber or Rura as stated, as to the cause	Approximete interval Betw Onset and D. Interval Betw Onset and D. Interval Betw Onset and D. Interval Betw Onset and D. Interval Between To Completion of Court of Death?	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Most after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, List) Raymond Ernest Armour 2. Date of Death 7-11-94 3. TIME OF DEATH MONTH									
	RAVMOND ARMOUR									
1 /	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month Day Very) 8. BIRTHPLACE (State or Foreign									
1 8	539 18 8790 1 1 2 F 68 YRS. MONTHS DAYS HOURS MIN. (MORTH, Day, Year) Country) California									
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	Charlotte Hall Veteran Home Charlotte Hall St Mary Co									
2	RESIDENCE OF DECEDENT									
NIO.	Maryland na Baltimore 1 VES 2 NO									
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?									
ER/	3920 Chesterfield Avenue 21213 USA									
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE — American Indian.									
BY F	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Specify: 1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify: 1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:									
	- les 43-45 White									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY									
J.	Elementary/Secondary (0-12) College (1-4 or 5+) iite. Do NOT use retired.) Engineer Hospital 12 + 1+ & Merchant Seaman									
NO.	12 + 1+ & Merchant Seaman 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme)									
E C	to. MOTHER'S TRAME (FIRST, MIDDIE, MIDDIES STATES)									
0	Clarence Raymond Armour Edith A. Thompsen 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, Stete, Zip Code)									
2	Mrs Mary Armour 3920 Chesterfield Ave, Balto, MD21213									
	20a. METHOD OF DISPOSITION 20b. PLACEAND DATE OF OISPOSITION (Name of OATE 20c. LOCATION — City or Town, State									
	1 Burist 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)									
	21. SICHATURE OF FUMERAL SERVICE LICENSEER On ald Hade, Dir 22. NAME AND AGORESS OF FACILITY State Anatomy Board									
	655W.Baltimore St, Balto, MD21201									
1	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate									
	ahock, or haart failure. List only one ceuse on eech line. Interval Between Onset and Daath									
	disease or condition resulting in death) a.COMPLICATIONS OF DEMENTIA ORGANIC BRAIN SYNDSUMY DUE TO (OR AS A CONSEQUENCE OF):									
	DUE TO (OR AS A CONSEQUENCE OF):									
z										
Ĕ	Sequentially list conditione, if any, laeding to immediate oue TO (OR AS A CONSEQUENCE OF):									
2	CAUSE (Disease or Injury CLUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	that initiated events resulting in death) LAST									
B	d									
A.	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PREFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO									
MEDIC	UIASFTF3 MFILITUS -PERIPITATE VASCULAR 1 YES 2 NO COMPLETION OF CAUSE OF BEATH?									
	1 □ YES 2 □ NO									
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO []									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? AND THE P. OTHER P. OT									
IXS	1 YES 2 9/NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Inferience No. Specify 1 Inpetient Specify									
	1 Netural 5 Panding (Month, Day, Year) INJURY WORK?									
BY	2 Accident Investigation 3 Suicide 8 Could get be 28a. PLACE OF INJURY — At home, tarm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number,									
<u> </u>	Suicide 8 Could not be detarmined Could not be detarmined Could not be detarmined City or Town, State) City or Town, State)									
COMPLET	290. CERTIFIER									
MP	298. CERTIFIER (Check only one) 1 Set Check only one) 1 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and menner as stated.									
8	an analysis and the trans of the comments.									
8	296. SIGNATURE AND TITLE OF CERTIFIED (Month, Day, Year)									
임	26. WANN AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Phys)									
	JOHN WEATOR IN - PRINCE FROM THE COMPLETED GRUSE OF DEATH (ITEM 27) (1/50), MINION WEATOR IN - PRINCE FROM FRICK, MI) - 30678									
	A. DATE FILED (Month, Day, Year) 3. REGISTRAR'S SIGNATURE									
	JUL 1 8 1994 Jahn Davden-Rardall									

•

'n

. .

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp presented to the completely filled in by the funeral director, page 5 should be detached to the completely filled in by the funeral director, page 5 should be detached to the completely filled in by the funeral director, page 5 should be detached to the completely filled in by the funeral director, page 5 should be detached to the completely filled in by the funeral director, page 5 should be detached to the completely filled in by the funeral director, page 5 should be detached to the completely filled at one.
--

	1 - STATE STATE REGISTRAR CE	RTIFIC	MENT OF	F DEAT	AND N	MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In us. last		IF UNDER 1 YEA	-		7. DATE OF BIRTH 9/	26/4 B. BIRTHPLACE (State or Foreign				
	9a. FACILITY NAME (If not institution, give street and number)	YRS.	ONTHS DAY		MIN.	(Month, Day, Year)	N° CAROLINA				
ا ا	THEC	. *	b. CITY, TOW	Fin	ON OF DE	ATH O	BE COUNTY OF DEATH ROLLING CAL				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c, CITY, T	TOWN OR LO	CATION			10d. INSIDE CITY	判			
	MARYLAND n/a	10c. CITY, TOWN OR LOCATION BALTIMORE					1 Name of the Control				
FUNERAL	907 W. SARATOGA STREET			2122	3		UNITED STATE	S			
B≺	11. MARITAL STATUS 1 \(\)\text{\ti}\text{\texi}\text{\text{\texict{\text{\texictex{\text{\texict{\texi}\texit{\text{\texi}\texitiext{\text{\texi{\text{\texicr{\texictex{\texit{\texi{\tex	IED D	If yes,	ECENDENT O	n, Maxican	C ORIGIN? (Specify Yes , Pusrto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, etc. Specify: BLACK				
TED	(Specify only highest grade completed) (Giv	EDENT'S US e kind of worl Do NOT use n	SUAL OCCUPA it done during	TION most of working	g	16b. KIND OF BUS	INESS/INOUSTRY	٦			
COMPLETED		ABOR				n/a					
BE COI	JAMES BEST			ΕV	Α	HODGES					
101	190. INFORMANT'S NAME (Type/Print) EVA BEST	MAILING AD	W .	SARAT	or Rural Re	STREET,	BALTIMORE, MD				
	20s, METHOD OF DISPOSITION 1 Murlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	DDATEOF	DISPOSITION	(Name of		1	SDOWNE, MD	٦			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	* Karer M. Koge						01 E. NORTH AVE	\cdot			
7	23. PART I. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory erreat, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PSPIRATION PRIVICAL DOMEST										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEOUR DUE TO (OR AS A CONS	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):									
4: MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Bus will R. Care Chal Pal Pal Pancul Wells, Prencul Wells, 1 yes 2 1 NO TRACKS UTFORM										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26.	PLACE OF OE	ATH (Chec	ik only one)		コ			
HYS	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 27. MANNER OF DEATH 266. DATE OF INJURY	DOA 26b. TIME O	Nursing H	ome 5 Res		Other (Specify) 26d, DESCRIBE HOW IN	HIEV OCCUPED	4			
ВУ Р	1 Milurel 5 Pending (Month, Day, Year) 2 Accident Investigation	MULMI	Υ	YES 2		and begoinge now he	OVAL GOODNED	1			
TED	3 Suicide 6 Could not be 4 Homicide determined	e, ferm, stree	et, factory, ol	fics		281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
COMPLE	29e. CERTIFIER (Check Only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death							7			
出	29b. SONATURE AND TITLE OF DEPTOTER				NSE NUMB		29d. DATE SIGNED (Month, Deyl Year)	1			
10	30. MANE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM		int)	Heale	ulr.	Bulle 11	1. Blimos 2122	7			
156	31. DATE FILED (Month, Day New)		203	i canci	/6=4 /	204V/3W CI	a souther the	۰,۶			

05.

Σ	age	dira
BALTIM	death. F	funeral
m	after (v the
	OLS O	in the
	24 no	Pellin
50,	within	nletely
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ecuted	and corr
×	8 90	30
80	ficate t	ohveic
O.	certi	dina
J.	death	affen
õ	the	The
H	hat	20
2	uires 1	Sinne
Y	red	neer
ļ	- GW	138
	Ĕ	ate
<u> </u>	SICIAN	certific
0	PHY	this
S	DING	Atter
2	ATTEN	CTDR
	OR	DIR
_	INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page	FRAL DIRECTOR: After this certificate has been signed by the attending obsolician and completely filled in by the funeral dire

		1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMENT OF H CERTIFICATE OF	EALTH AND M	REG. NO.	
		1. OECEDENT'S NAME (First, Middle, Last) LEONARD	W	BASCOMI	E	2. DATE OF DEATH MONTH DAY	YEAR \$ TIME OF DEATH RE
Þ		0.65-10-5722	1 XM 2 0 F 94	YRS. WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mosph, Day, York) - 18 99	B. BIRTHPLACE (State or Foreign Country) Bernuda
2, 3 should	OR	Northwest	Hospital	96. CITY, TOWN C	OR LOCATION OF DEA	orth Sc. C	NTY OF DEATH 201 (+0)
Pages 1.	DIRECTOR	10a. STATE 10b. DUNTY	Ito	10c. CITY, TOWN OR LOCAT	TION		10d. INSIDE CITY
physician. burial-transit permit. Pages 1.	AL	10e. STREET AND NUMBER	ny Lanes	101	ZIP CODE	7 16g. CIT	IZEN OF WHAT COUNTRY?
Page 6 may be retained by the hospital or attending physician. Il director, page 5 should be detached for use as the burial-trar ner must be notified at once.	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	NO If yes, spi	ocky Cuban, Mexican,	C ORIGIN? (Specify Yea or No Puerlo Rican, etc.)	14. RACE — American Indian, Black, Whiten etc. Specify:
	ED	3 Nidowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of	ATION 16a completed)	DECEDENT'S USUAL OCCUPATIO (Give kind of work done during mo- life. Do NOT usel Petired.)	ON .	16b. KIND OF BUSINESS/INC	DACK
	BE COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Kooter		General	Contractor
ned by the build be der		19. INFORMANT'S NAME (Typo/Pging)	dfrey		Edith	E (First, Middle, Maldon Surname)	
bage 5 should be notified	10	20s. METNOD OF DISPOSITION	Brooks	(10)	nnyla	nute Number, City of Town, Spete, Zig	md 2/201
ter death. Page 6 may be the funeral director, page wal.		Burlei 2 Cremation 3 Remo	val from State centilery	crimatory or of olace) bur	ID ADDRESS OF FACE	1116/44 130	City for flown, Stata
r death. le funera al. exami	Ц	· Glyma	B. Scot	t 430	ch ft	Lbas h	Ave
within 24 hours spletely filled in I cremation, or re-		23. PART I. Enter the disease, or conshock, or hear failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the lat only one cause on each lated to the late of t	IC FAIL			Approximate Interval Between Onset and Death
in certificate be execu- ending physician and I Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CON			•	
PHYSICIAN: The law requires that the deal this certificate has been signed by the attribute the State Dept. of Health and Mentarked, or Item 23 shows any Injury,	: MEDICAL	PART II. Other significent conditions	Contributing to deeth but no	ot resulting in the underlying	g ceuse given in P	art I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ONO
or Item 2	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	ACE OF DEATN (Chec		
the this cereath with the marked, c	ВУ РН	27. MANNER OF/OEATN 1 Netural 5 Pending 2 Accident Investigation	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c, INJURY WOI	JRY AT	28d. DESCRIBE HOW INJURY OC	CUREO
TOR: A after d	ETED !	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	t home, farm, street, factory, office		281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
ERAL DIREC n 72 hours T. II Item	COMPL			, death occurred at the time, date			
T. No.		29b. SIGNATURE AND TITLE OF CURTIFIER	i lug		29c. LICENSE NUMB	29d. DAT	E SIGNED (Month, Day, Yea)) ULY 12, 94
9	/F	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH (ALTO.	4021	133	
		JUL 1 8 1994 Lu	32. REGISTRAR'S SIGNATURE				

13.

DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTIF						YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF D	EATH DAY		YEAR 3	. TIME OF DEATH
	Jennings William	Boughan						uly		1994	TEAN	2:30 a.
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER		IF UNDER 24		DATE OF BI		8	. BIRTHPL Country)	ACE (State or Foreign ·
	215-09-8617		36 YRS.	MONTHS	DAYS	HOURS	Ju	une 14, 1908 Virginia			inia	
١	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY,	TY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					тн		
DIRECTOR	3575 Dudley Ave	2										
<u>[</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100 01	Baltimore								
I E	Maryland		100.00		1tim							Od. INSIDE CITY
AL C	10e. STREET AND NUMBER			Da		ZIP COOE				to- CITIZE		X YES 2 NO
E E	3575 Dudley Avenu	۵		101.	212	12						
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13.1	WAS DECI	ENDENT OF		PICIN2 (C-	anife Van e		S. A	- American Indian.
BY FL	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 1 NO		it yes, spe	elfy Cuban, 2 NO	Maxican, Pu	arto Rican,	atc.)	, ,,,,	Black, V Specific Whi	Whita, atc.
0	15. OECEDENT'S EQUO	16a. OECEDENT	S USUAL OC	CCUPATIO	N .		16b. KIND	OF BUSI	NESS/INDU:			
	(Specify only highest grade Elementary/Secondary (0-12)	(Give kind of life. Do NOT	work done ouse retired.)	during mos	st of working		0.0000					
를	/ /								Cab (Compa	ny	
COMPL	17. FATHER'S NAME (First, Middle, Lest) 18. N						R'S NAME (First, Middle	, Maiden S	umame)		
w	Carroll Gilbert Boughan Estelle							e Ve	rland	der		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G AODRESS	Street at	nd Number or	r Rural Route	Number, Ci	ity or Town,	State, Zip C	ode)	
-	Hilda Boughan (Wi	fe)	3575	Dud1	еу А	venue	, Bal	timo	re, l	Mary1	and	21213
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☑ Cremation 3 ☐ Ramo	eval from State Ce	b. PLACE AND DATE	of DISPOS	ITION (Na	me of		DATE	20c. LOCA	ATION - CI	ty or Town	ı, Stata
	4 Donation 5 Other (Specify)		metery, crematory or Green Mon					7/18	Ва	ltimo	re,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				nunek			Jomes	. In		
	Matthe	06				Breh						. 21213
	23. PART I. Enter tha diseases, or c ahock, or heart failure. I	omplications that cause	ed the death. Do	not anter	tha mod	de of dying	g, such as	cardiac	or respira	atory arres	st,	Approximata
	IMMEDIATE CAUSE (Final			15	0		,	1		,		Onset and Dasti
	disease or condition resulting in dasth)	e or condition a. Or turios o					eductio Cardio Versular D'Sense					
	-X S W J. 1	OUE TO (OR AS	OF):	ONIC Atrial FIB								
NO NO	Sequantially list conditions,	WIT	A CONSEQUENCE	NOSI	1	At	NICL	1 7	161	illa	Tion	-
ATI	if sny, leading to immediate csuse. Enter UNDERLYING				~ 0	LIVE	41 1	n-T		SILWI	/~	9/
윤	CAUSE (Disease or injury that initiated avents	DUE TO (OR AS	A CONSEQUENCE		63	1112	11 61	2101	7	31111	IL G	- A
CERTIFICATION	reaulting in death) LAST											
												+
	PART ii. Other algnificant condition	contributing to death	but not resulting	in the un-	derlying	cause giv	ven in Part	i. 24a.	WAS AN A		Al	YERE AUTOPSY FINDINGS WAILABLE PRIOR TO
MEDIC	= Cerebral VO	is an an	Vecron	N. I				. 1⊑	YES 2 [□ NO		OMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE	CONTRIBUTE TO	CALICE	E DEAT	THE W	/FC ==	NO.	_ l			1	YES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE	r DEA			NO [ᆚ				
SICIAN:	EXAMINER?	HOSPITAL:		OTHER	₹:	ACE OF DEA						
≥	27. MANNER OF DEATH	1 Inpatient 2 ER/Out	patient 3 DOA	1	28c. INJU	5 Real				HIRV COOL		
	1 Natural 5 Pending	(Month, Day, Year)		IJURY M	WOI			. DEŞUNIB	E HOW IN.	JURY OCCU	HED	
	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJUR	Y — At home, tarm,	etraet, lacto				LOCATION	(Street an	d Number or	Burni Bou	ita Number
I III	4 Homicide datarminad	building, atc. (Spe	ecify)				1.0	City or Tow	vn, State)	o monton or	THUT III THOU	to romon,
COMPLET	29a. CERTIFIER	NAME TO A STATE OF THE STATE OF			-				CONTRACTOR OF THE			
MP		CIAN: To the best of my know										
8	-	R: On the basis of examination	on and/or investiget	ion, in my o	финоп, о	Parti occurso	at the time.	, data and p	placa, and	dua to the	cause(a) a	nd menner as stated.
BE COI	290. SIGNATURE AND THILE OF CENTIFIER	1 1.	_			29c. LICENS	SE NUMBER	- ^		29d. DATE	SIGNED (M	fonth, Day, Year)
18	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF S	EATH (ITEM OD C	o Deines		JI!	4 85	7			110	177
1					morr	M	···1 1	1 210	1 2		/	(180.
† //	Dr. Felix Tan, 4	32. REGISTRAR'S SIG		bait1	more	, Mar	утапо	1 212	13 1			
	8111 4											
	7	and desired and A						-				DHMH-16 Rev 1/
			ALL PARTY									SUMILL IS LISA IV

S35

priyatelati.	burial-tran	
Simo	for use as the bu	
GILLE	ise as	
5	lor c	
andenne our	tached	
	d be de	
Domino	should	
-	S	
23	page	
cord gives country of may be required by the	director, page 5 shoul	
· · · · · · ·	the funeral	
	y the	oval.
3	5	E
5	Ë	70
	Mile	IOU.
The policy of production	npietely	cremati
2	d cor	prior to burial, cren
2	an	90
3	ician	nor 1
1000	ling physician and com	ne p
5	ling	Ygie

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1sit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH													
1	Margaret Scott	Bond							July 16,	(°994	YEAR	3: 00 BEAT	РМ
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER		T DATE OF BURTH		BIRTHPLACE (State or Foreign Country)		reign
	216-46-6041	1 - M 2 XF	77	YRS.	MONTHS	DAYS	HOURS	MIN.	March 9, 19	17	Mar	yland	
_3	9e. FACILITY NAME (If not institution, give st		9b. CITY,	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
8	Blakehurst Health	Care Ce	nter		Towson Baltimore								
DIRECTOR	Blakehurst Health Care Center					20 HOOF							
E	10e. STATE 10b. COUNTY		Y, TOWN C	OR LOCA	TION					10d. INSIDE CITY LIMITS?			
	Maryland Balti	more		To	wson							1 - YES 2 X	NO
₹ I	10e. STREET AND NUMBER		10J. ZIP CODE					10g. CIT	TIZEN OF W	HAT COUNTRY?			
9	1055 West Joppa Re	oad Apt	. 207	21204					•				
FUNERAL	11. MARITAL STATUS		TEVER IN U.S. AR		13. \	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE Black	- American India, White, etc.	m,
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE				YES	2 X NO	Specify	n, Puerto Ricen, atc.)		Specif		
	15. DECEDENT'S EDUC	ATION	1		<u> </u>						[white	
COMPLETED	(Specify only highest grade	completed)	(Gi	CEDENT'S ive kind of w Do NOT us	vork done o			ng	16b. KIND OF BU	SINESS/IN	DUSTRY		
2	12 years	College (1-4 or 5	+)						O 11				
N N	17. FATHER'S NAME (First, Middle, Last)		ПОП	emak	er				Own Ho				
	William C. Scott								ME (First, Middle, Maiden	Surname)			
BE	19e. INFORMANT'S NAME (Type/Print)								Baker				
2	Katherine B. Aller	•							Poute Number, City or Tow			2.4	
	20e. METHOD OF DISPOSITION	.1	20b. PLACE					oau,	Baltimore		City or Ton		
	1 X Buriel 2 Cremetion 3 Remo	oval Irom State	cemetery, cre	matory or of	ber place)	THON (N	T.1	20 1					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE (/ pruid K	rage c	22.	emetery July 20, 1994 Pikesville, Maryland							
	hems fore	ph Da	X		M:	itch	ell-	Wied	efeld Home	Inc			
	Thomas Joseph	n Bozek			6:	500	York	Rd.	Baltimore	, MD	2121	12	
	23. PART i. Enter the disesses, or c ahock, or heart fellure. I	omplications the	it caused the ds	ath. Do n	ot sater	ths mo	ods of dy	ing, such	n sa cardiac or resp	iratory ar	rrest,	Approxime	
	IMMEDIATE CAUSE (Final	tor	2.1	1	710	25	•			Opset and			
	disesse or condition resulting in death)	1)0	spua	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4		0					COM	4
		Offic, TO	IOR AS A CONSEC	DUENCE OF	7	A	no.	20.1				811	m
NO	Sequentially list conditions,	000	renos	481	IK	/ (110	MA	F			0 4	0
CERTIFICATION	if any, isading to immediate cause. Enter UNDERLYING	120	AP M	a da	Enery AplasiA				An	10			
E I	CAUSE (Disesse or injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF	7:		1			_		1	
E	resulting in desth) LAST		,		,							Ì	
CE		1										-	
A	PART II. Other significant conditions	s contributing to	death but not r	saulting i	g in the underlying cause given in Pa			Part i. 24s. WAS AN PERFOI	24b.	WERE AUTOPSY FIL			
EDICAL									1 YES :	. /		COMPLETION OF CO	
ME												1 - YES 2	10
AIS I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					_	LACE OF D	EATH (Che	ock only one)				
is l	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Oulpatient 3	□ DOA	4 Nun	R: sing Hom	10 5 □ Re	sidence	5 ☐ Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF		28b. TIMI	E OF URY	28c. INJ	JURY AT		28d. DESCRIBE HOW	NJURY OC	CCURED		
B√	Netural 5 Pending Investigation				М		YES 2	NO					
	3 Suicide a Could not be	28s. PLACE (building	of INJURY - At ho atc. (Specify)	me, larm, s	street, lact	ory, offic			281. LOCATION (Street City or Town, State)		or Rural A	oute Number,	
COMPLETED													
4		CIAN: To the beat of	f my knowledga, da	ath occurre	d at the ti	lme, data	and place.	, end dua	to the cause(s) and ma	nner aa sta	sted.		
S S	one) 2 MEDICAL EXAMINE	R: On the basis of a	xamination end/or i	investigation	n, In my o	pinion, d	leath occur	red at Iha	lime, date end place, er	nd due lo t	the ceuse(s)	end menner es at	lated.
w II	296. SIGNATURE AND TITLE OF CERTIFIER	2/01/	100				29c LICE	ENSE NUM	IBER	29d. DA	TE SIGNED	(Month, Day, Year)	
m	Jewy	wen	V				D	334	100	•	7/12	7/94	
٤	30. NAME AND ADDRESS OF PERSON WHO										1	/	
	Iredell W. İgleha	art III !	500 West	Univ	versi	ity	Pkwy	, Bai	ltimore, M	D 21	211		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE										
JUL-1 8 1994 Julie Tairdson-Random													

00700

.

.

110

-
AL.
24
100
CV
79.Tin
0
-
Z
=
•
_
>
MARY
May .
er .
_
5
_
DATE:
-
IMORE
~
0
-
2
=
_
F
_
-
-
∞ .
_
_
•
-
0
760
9
-

٠,	
0	i
9	и
687	
õ	
J	
2	
\simeq	
æ	
o	
٧.	
ď	
13	6
55	ij
므	
9	
0	
O	
ш	
œ	
_	
₫	
ш	
5	
_	
ц.,	
0	
7	
≒	
0	
S	
=	
=	

TO THE HOSPITAL, OR ATTENDING PRYSCIAN: The law inquires that the death certificate be esecuted within the death certificate that been signed by the attending physician and completely filled in by the thineral director, page 5 about be detached for use as the burish transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burish, committed, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exaginer must be notified at once.

1 - FOR STATE REGISTRAR	STATE	OF MARYLAN	D / DEPARTA			MENTA	HYGIENE				
1. DECEDENT'S NAME (First RUTH	M	Bath	TH META			2. DATE MONTO			EAR 3	TIME OF DEATH	-
4. SOCIAL SECURITY NUMBER 118-24-3	254 10 M2	X F €	\$6 YRS. MO	UNDER 1 YEAR NTHS DAYS	F LOCATION OF D	(Mont)	OF BIRTH h, Day, Year)	07	NEW	JERSEY	lgn
	ONAL HOSPIT			LAUREI		EAIN	914	PRI		GEORGE	
LAUREL REGI RESIDENCE OF DEC 10a. STATE MARYLAND								Od. INSIDE CITY			
	MARYLAND PRINCE GEORGE LAUREL							X YES 2 N	0		
	8608 BRIARCROFT LANE 101. ZIP CODE 109. CITIZEN OF WHAT 20708 USA							AT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 3	Married 12. WAS DE FORCE	CEDENT EVER IN U.S S? 1 YES 2 GIVE WAR OR DATES	X NO	If yes, spi	ENDENT OF HISPA scity Cuban, Mexic 2012 NO Speci	an, Puerto I			RACE -	- American Indian White, atc. WHITE	
15. DEC (Specify on Elementary/Secondary (1 1 0 17. FATHER'S NAME (First, A CORPORATE)	EDENT'S EDUCATION highest grade completed)	164	Give kind of work	alone during mo		166	KIND OF BUS	NESS/INDUS	TRY	-7	
Elementary/Secondary (f	-12) College (1	4 or 5+)	HOMEMA				HOME				
17. FATHER'S NAME (FOIL A GEORGE GERI	500000				TEMILI			(umame)		188	
ROBERT G. E	TWO CASES OF THE PARTY OF THE P	L S SI			QUOGUE,				nde)		
IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	ons, Sinte	EN & OUE TO (OR AS A CO		As						Onset and I	Dea
that initiated events resulting in death) LAS	r [ling to death but o		he underlying	ş cause given in	Part L	24a. WAS AN A PERFORI	AED?	0	ERE AUTOPSY FINANCIANE PRIOR TO COMPLETION OF CA F DEATH?	UBE
25. WAS CASE REFERRED T EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH				The Part of the Pa	ACE OF DEATH (C)	heck only or	w)				
1 YES 2 SMO		ent 2 - ER/Outpatie	t 3 DOA 4		e 5 🗆 Residence	-					
1 Dec Natural B	Pending	ATE OF INJURY forth, Day, West)	28b. TIME O	r wo	HRY AT HK7 YES 2 NO	28d. DES	CRIBE HOW IN	JURY OCCU	WED		
2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJUSTY — At home, farm, street, factory, office City or Seen, State) 4 Homicide determined											
and .	TEYING PHYSICIAN: To the CAL EXAMINER: On the be									and manner as sta	ted.
296. SIGNATURE AND TITLE	or certification	Mon	-		D249	4Z		PHE DATE S		Acordin. Diagr. Mean)	74
30-NAME AND ADDRESS OF	PERSON WHO COMPLETE	MADN N	(ITEM 27) (Type, Pri	517 C	homil	ane	Laur	el v	11	2070	1
JUL 1 8 190	. / .	GISTRAR'S SIGNATU									7

SHOW IN WARRENCE DATE TO NOT THE

000
-
0
Ö
Ш
α
4
\vdash
=
>
0
7
=
0
- 73
0)
=

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENI
CERTIFICATE OF DEATH		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLAND /		MENT OF HEATE OF D		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				LATT	2. DATE OF DEATH		3. TIME OF DEATH
	ANNA M. BALL					JULY 10, 1	994 YEAR	6:30P. M
	4. SOCIAL SECURITY NUMBER	5. SEX B. AGE (In yrs. les			F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Cou	
	092-14-5669 9e. FACILITY NAME (If not institution, give s		72 YRS.			JULY 25,		W YORK
DIRECTOR	9125 GRANT AVENU		91	LAURE		АТН	BC. COUNTY OF	
EG	10e. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCATION	r.			10d. INSIDE CITY
		HOWARD		LAURE	L			1 TYES 2 NO
34	104. STREET AND NUMBER	.=		101. Z	P CODE			WHAT COUNTRY?
FUNERAL	9125 GRANT AVENU	12. WAS DECEDENT EVER IN U.S. AF	M450	140 HPO 0505H	20723			SA
BY FU	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES 11/23/42 - 03/(NO	If yes, specif		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Ble	CE — American Indian, lick, White, etc.
<u>G</u>	15. DECEDENT'S EDU (Specify only highest grade	ICATION 18e. DE	CEDENT'S US	UAL OCCUPATION of done during most of	d working	16b. KIND OF BUS	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	. Do NOT use n	etired.)	WORKING			
₩ B	10TH 17. FATHER'S NAME (First, Middle, Last)	_0	LINEW				ACTURIN	G
	ALFONSO MERINGOL	0		,	i. mother's nai ANNA	ME (First, Middle, Malden		ACE
BE	19e. INFORMANT'S NAME (Type/Print)		b. MAILING AD	DRESS (Street and		Soute Number, City or Tow.	STRAF.	ALE
임	SHIRLEY M. BALL		9125 GI	RANT AVE	NUE. LA	UREL. MARY	LAND 20	723
	20e. METHOD OF DISPOSITION 1			DISPOSITION (Name		DATE 20c. LO	CATION — City or	Town, State
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK	MEADOU	VRTOGE	MEMORIA	L PARK	7/13 BAL	TIMORE,	MARYLAND
-	21. SIGNATURE OF FUNERAL SERVICE LA	Sensee A)	7401	CALHOU C	PRINC POAT	UNERAL	HOME, INC. L, MD 20707
	23. PART i. Enter the diseases, or	esula sa	/				-	
	shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on each line METASTATI DUE TO (OR AS A CONSE	2000N	1)C CARL		n as cardiac or respi	ratory erreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in death) LAST	b	OUENCE OF):					
AL O	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i, 24a. WAS AN AUTOPSY PERFORMED? ANIABLE PRIOR TO MAILABLE PRIOR TO							
MEDIC	ATHENOSCIENCYIC	CARDIOVASCULAN	DNEAS	E		1 YE\$ 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME			_			_		1 TYES 2 NO
AN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO CAL	JSE OF		S NO			
SICI	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpatient 3		THER:	-1	6 Cher (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	PF 28c, INJURY WORK	AT	28d. DESCRIBE HOW II	NJURY OCCURED	
ED BY	2 Accident 3 Suicide 8 Could not be determined determined 4 Homicide Could not be determined determ						I Route Number,	
COMPLET		ICIAN: To the beet of my knowledge, de						
CO		ER: On the basis of examination end/or	Investigation, I	7-				
TO BE	29b. SIGNATURE AND TIFLE OF CERTIFIE	h			DO 40	BER 035	29d. DATE SIGN	SD (Month, Day, Yeer)
-	30. NAME AND TEDRESS OF PERSON WH	.4 = 0		FORGE.	ST LA	UPER MID		,
	31. DATE FILED (MONTH, Day, Year)	32. REGISTRAR'S SIGNATURE				7		
		The Russian						OHMH-18 Rev 1/89

-1725

/

REG. NO.

FOR STATE REGISTRAR

$\mathbf{\circ}$
σ.
40
S
7
G
\approx
\mathbf{H}
CC.
AL
7
_
>
4
0
Z
0
-
S
2

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH WILLIAM OSMOND BECK 7 94 10:49 A 4. SOCIAL SECURITY NUMBER S. BIRTNPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year DAYS HOURS 1 🛛 M 2 🗆 F 218-01-5263 86 4-25-08 use as the burial-transit permit, Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR VANTAGE HOUSE COLUMBIA HOWARD RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY HOWARD COLUMBIA 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5400 VANTAGE POINT ROAD 21044 USA the hospital or attending physician. 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married Specify: В 3 Widowed 4 Divorced WWII WHITE ETED. 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY (Specify only high INTERNATIONAL 10 Elementary/Secondary (0-12) College (1-4 or 5+) COMPL FLEET SALESMAN page 5 should be detached 4 HARVESTER 17, FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) retained by th WILLIAM H. BECK LIDA OSMOND BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5400 VANTAGE POINT RD. COLUMBIA, MD. ESTELLE BECK (WIFE) 21044 hours after death. Page 6 may be Pe METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION - City or Town, State Burlal 2 Cremation 3 R funeral director, Donation 5 Other (Specify) PORT_I.TNCOLN_CEMETERY 7/19/94 BLADENSBURG, MARYLAND 21. SIGNATURE OF FUNERIAL SERVICE IS examiner 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOME 5555 TWIN KNOLLS RD. COLUMBIA. filled in by the medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between 6 Onset and Death IMMEDIATE CAUSE (Final the cremation, Premioris disease or condition physician and completely ne prior to burial, crematic resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): moulh 21ebrovasuln traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING certificate be CAUSE (Disease or Injury other Hygiene DUE TO (OR AS A CONSEQUENCE OF): attending p that initiated events resulting in death) LAST 0 the death (the aften Mental A Injury. PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? this certificate has been signed by with the State Dept. of Health and any 1 YES 2 NO shows 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO | 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL 4 Officers 1 TYES NO HOSPITAL DR ATTENDING PHYSICIAN:
FUNERAL DIRECTOR: After this certifica Inpatient 2 ER/Outpatient 3 DOA birsing Nome 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATN 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF marked, Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28 Is I At home, ferm, street, tectory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be BE-COMPLETED 4 Homicide Item 29a. CERTIFIER
(Check only one)

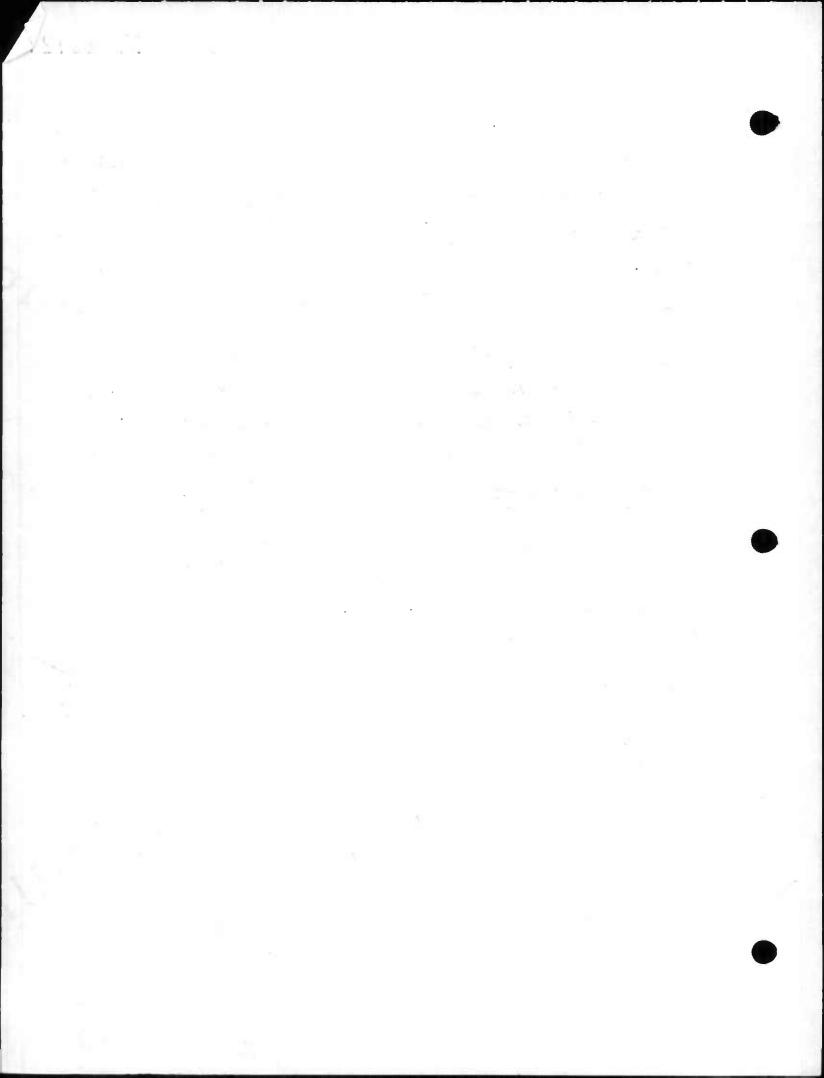
CERTIFING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated, one) Ξ 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and manner se stated. THE HOSPIT 29b. SIGNATURE AND TITLE OF CENTURE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 7-18-99 D22856 223 25 30, NAME AND ADDRE PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Cola CINE 11053 31. DATE FILED (Month, 1994 32. REGISTRAR'S SIGNATURE 8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

N	
0	
-005	
'n	
=	
2121	
-	
2	
AND	
-	
•	
>	
α	
⋖	
MARYL	
шî	
IMORE	
$\overline{\sim}$	
$\underline{\circ}$	
2	
E	
П.	
BAL	
7	
ш	

_	9
BALLIMO	9
	20
	P. P.
T.	£
_	60
⋖	Đ
m	200
	ours after
	- (0
	5
_	-8
	-
	문
ō	*
$\overline{}$	∇
ກ	3
õ	ಫ
~	8
K	Q,
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	23
	-
n	#
-	ü
_*	复
\supset	60
Ξ.	2
ı	-6
_	25
Δ.	ŏ
	d)
_	5
Υ.	700
=	20
)	
3	SS
	-
_	2
r	8
_	3
_	40
∢ .	9
_	E
_	2.2
-	3
	8
_	75
7	≥′
_	X
7	4.00
	9
7	=
	무
n	į.
-	
>	400
_	QC.
٦.	0
	HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within
	15
	9
	82
	7
	-

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIE		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
			M. BARMO	RE			JÜLY 15	1994	1008 AM
2		4. SOCIAL SECURITY NUMBER 200-36-6036	1 □ M 2 🗹 F 81		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH JULY 24		BIRTHPLACE (State or Foreign Country) NEW YORK
2, 3 should	OR	90. FACILITY NAME (If not institution, give HOWIARCL COUNT	street end number) Y GENERAL E		•	Mbia	EATH	96. COUNTY	
and the	ایز	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			TOWN OR LOCAT				
регтій. Pages	L DIRECTOR	Md Ho	ward		Lumb	ia			10d. INSIDE CITY LIMITS? 1 YES THO
ist.	VERAL	9631 Rocks	PARKLE "	Row		21045			OF WHAT COUNTRY?
ding physician.	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 40	If yes, sp		NIC ORIGIN? (Specify Y in, Puerto Rican, etc.) y:	es or No- 14.	RACE — American Indien, Black, White, etc. Specify:
r attending use as the	ETED	15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDENT'S U: (Give kind of wo	rk done during mo	ON st of working	16b. KIND OF B	USINESS/INDUST	
the hospital or detached for o		Elementary/Secondary (0-12)	College (1-4 or 5+)	HOME	MAKE	ER	OWN	HOM	E
be det		17. FATHER'S NAME (First, Middle, Last)	EIMIG				ME (First, Middle, Maide 550M	KRAI	ST.
retained 5 5 should	TO B	190. INFORMANT'S NAME (Type/Print) DEBORAH CP	ISTNER	196. MAILING A	()	and Number or Rural	Houte Number, City or To	own, State, Zip Coo	
age 6 may be director, page		20a, METHOD OF DISPOSITION 1	206	. PLACE AND DATE OF	DISPOSITION /Na	ma of	DATE, 200 L	OCATION - City	or Town, State
Page 6		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		PERCY CREMENTORY OF ATTA			7/19/94/8	EKSKIL	L N.Y.
ter death. Pag the funeral di wal.		Lucienon	Diste				TINERAL IDLS Rd		in md 21045
in by		23. PART I. Enter the diseases, or ahock, or heart failure.	complications that cause List only one cause on a	d tha death. Do no ech lina.	t antar the mo	da of dying, auc	h aa cardlac or rea	piretory erreat	Approximate interval Between
ithi letely fille emation.		IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. VIRAL	& BAC	TEM	MPN	EUMON	A	Onset and Death
ecuted wand compound to compound the compound of the compound	N N	Sequentially list conditions,	b. IMMUNDUE TO (OR AS A				7A75		
ate be execut ysician and o prior to buni	RTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	C. METAS	STAUC	LUNG	CARGIN	omA wi	74 PM	i-
th certificat ending phy i Hygiene p	1 111 1	thet initiated events resulting in death) LAST	d. MAM	Pulmant					
the death the attend d Mental P	AL CE	PART II. Other aignificant condition	na contributing to death t	out not reaulting in	the underlying	cause given in	Part I. 24e, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
that the and the any		COPI					PERF(2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
> 0 = -	N:						-		1 - YES 2 NO
V: The lance cate has State Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
SICIAN: The certificate in the State	HYS	1 TYES 2 N NO 27. MANNER OF DEATH	1) Inputient 2 = ER/Outs 28e. DATE OF INJURY	28b. TIME	OF 28c. INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
ATTENDING PHYSICIAN: The CTOR: After this certificate h s after death with the State C 28 is marked, or item	ВУ Р	1 Accident 5 Pending Investigation	(Month, Day, Year)	INJUI	M 1 🗆 1	PRK?	20001112-0.00		
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma	PLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	cify)	eet, tectory, office		28t. LOCATION (Stree City or Town, Stat	t end Number or F le)	Burel Route Number,
AL OR A AL DIREC	MPL		SICIAN: To the best of my know						
THE HOSPITAL THE FUNERAL	00	2 MEDICAL EXAMIN	ER: On the basis of examination	n end/or Investigation,	In my opinion, d	eath occured at the	time, date end place,	end due to the co	euse(s) end menner es stated.
THE O	D BE	Dob. SIGNATURE AND TITLE OF CERTIFIE	Whee	-MP		D38	190	29d. DATE SI	GNED (Month, Day, Year)
	-	**O. NAME AND ADDRESS OF PERSON WI MAURICE	CUFFEE			SANIA	GO ROA	el Colum	1617MD 21045
		31. DATE FILED (Morith, Day, Year) JUL 1 8 1994	32. REGISTRAR'S SIGN					, , , , ,	



Pages 1, 2, 3 should

use as the burial-transit permit.

page 5

funeral director,

completely filled in by 1

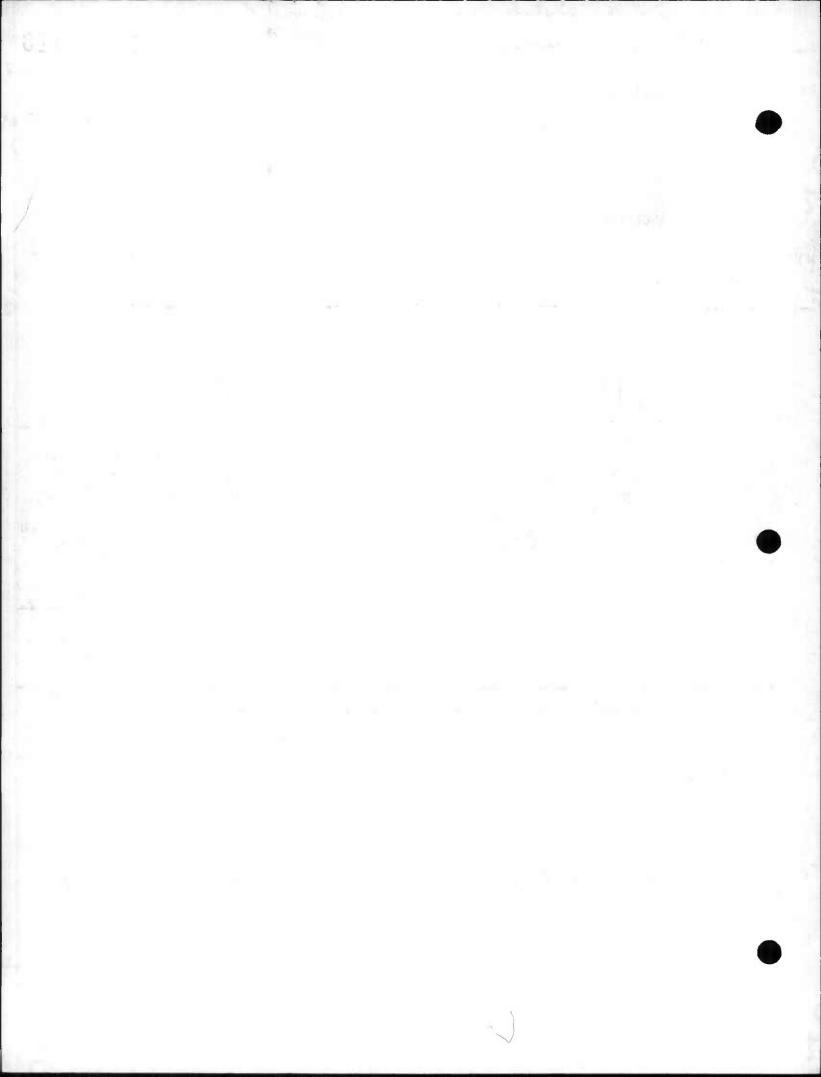
and

_	hours
0	rith
BOX 68760	executed w
õ	e pe
	certificate
ď.	death
Ö	the
E C	that
RECORDS, P.O.	requires
	MP
F	The state of
OF VITAL	PHYSICIAN:
DIVISION OF	DR ATTENDING PHYSICIAN: 1
	DR
	HOSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 8:30 WILLIE LEE BIRDSONG JÜLY 1994 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 1 X M 2 | F 54 MONTHS DAYS HOURS 212-78-0914 MARCH 26,1940 VIRGINIA 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH DIRECTOR 336 MARYLAND RTE 3 SOUTH MILLERSVILLE ANNE ARUNDEL RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL MILLERSVILLE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER tot. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 336 MARYLAND RTE 3 SOUTH 21108 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

t YES 2 NO Specify: 11. MARITAL STATUS RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 X Merried Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b, KINO OF BUSINESS/INDUSTRY (Specify only high ive kind of work done Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 CARPENTER COMMERCIAL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) RICHARD BIRDSONG Ħ WILLIE MAY KEATING BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ESTHER J. SMITH 336 MARYLAND RTE 3 SOUTH, MILLERSVILLE, MD 21108 pe 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☑ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must METRO CREMATORY 4 Donation 5 Other (Specify) 7-15 BALTIMORE. MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
STALLINGS FUNERAL HOME, P.A. MOUNTAIN ROAD, PASADENA, 21122 n by the removal. the medical 23. PART !. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heart feilure. Liet only one cause on each line. Approximate Interval Between ò IMMEDIATE CAUSE (Finel Onset and Death cremation. disease or condition resulting in deeth) 6 m ancer event, DUE TO (09 \$ A CONSEQUENCE OF) burial, traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): 9 if any, leading to immediate cause. Enter UNDERLYING attending physician a CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST been signed by the atter Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? any Irrhosis 1 TES 2 NO Shows t TYES 2 NO PHYSICIAN: the State Dept. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO [23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this c 1 Natural 5 Pending Investigation м 1 YES BY After 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, offica building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED . 69 8 Could not be DIRECTOR: / 28 4 Homicide Item 29e. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, end due to the cause(a) and manner as stated. (Check only one) PUNERAL WITHIN 72 h TO THE FUN. 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 35848 94 14/ 2 APLETED CAUSE OF OEATH (ITEM 27) (Type, Print) M.D., 1438 DEFENSE HIGHWAY, CROFTON, MD HOWARD SCHULTZ, 21114 3t. OATE FILED (Month, Day, Yea 32. REGISTRAR'S SIGNATURE a Davidson Randalle



BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 2. Surs after death. Page 6 may be retained by the hospital or attending physician. It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 4. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIWISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOST FALCE THE DESCRIPTIONS PHYSICIAN: The law requires that the death certificate be executed within 2. Surs after death. Page 6 may be retained by the hors TO THE FLIM PART CHECKEN After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached with the Case Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	0,000			2. DATE OF OEATH	DAY YE	3. TIME OF DEATH
	1000	RMAN 5. SEX R. AGE (In yrs. last birthdey) IF		7 /	2 5	1 7:00 AM
		1 M 25/7F		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0	IRTHPLACE (State or Foreign ountry)
	9a. FACILITY NAME (If not institution, give street			CITY, TOWN OR LOCATION OF I	April 10	1899 9c. COUNTY	Russia OF DEATH
DIRECTOR	Hebrew Home of Great	ater Washin	rton	Rockville		Montgo	omerv
EG	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY
		gomery	Rockv	ille			LIMITS?
RAL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	6121 Montrose Rd.	12. WAS DECEDENT EVER IN	IIIS AGMED	20850			ed States
	1 Never Merried 2 Merried	FORCES? 1 YES	Z NO	13. WAS DECENOENT OF HISPA It yee, specify Cuben, Mexic 1 ☐ YES 2 XXNO Spec	en, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc.
ED BY	3 Wildowed 4 Noticed			- AM		Ca	aucasian
ETE	15. DECEDENT'S EDUCAT (Specify only highest grade co	ompleted)	(Give kind of work life. Do NOT use rel	done during most of working	16b. KIND OF BU	SINESS/INDUST	RY
<u>_</u>	12th	College (1-4 or 5+)	Homemak	12.	Home		
COMPL	17. FATHER'S NAME (First, Middle, Lest)				AME (First, Middle, Maider	Sumame)	
38	Hervis Isir Manucha	am		Unkno			
2	190. INFORMANT'S NAME (Type/Print) Alan H. Grant			RESS (Street end Number or Rurei)
	20e. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF DI	orporate Blvd.		e, Md.	20850
	1 X Guriel 2 Cremation 3 Ramova 4 Donetion 5 Other (Specify)	al trom State ceme	th Sholom	(lece) Cemeterv	10.00		ittsburgh, Pa
	21. SIGNATURE OF FUNEHAL SERVICE LICEN	ISEE		22. NAME AND ADDRESS OF F	ACILITY		
	- (1000 R)(210		Falls Chur	ch. Va. 2	2046	
	23. PART I. Enter the diseases, or cor ahock, or heart failure. Lis	nplications thet ceused at only one ceuse on ea	the death. Do not each line.	enter the mode of dyling, such	ch as cerdiac or resp	Iratory arreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Anstone	Clo Order	HEART DUE	1.00		Onset and Death
	resulting in daeth) e	DUE TO (OR AS A	CONSEDUENCE OF	AGARI DUG	AF.		CITRONIC
Z	Sequentially list conditions, b.						
ATIO	If any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				
E S	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	resulting in death) LAST						
AL C	PART II. Other significant conditions of	contributing to deeth be	It not rasulting in th	e undarlying ceuse given in	Part I. 24s, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
	DEMENTA				PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
WE							DF DEATH? 1 ☐ YES 2 ☐ NO
AN	25. WAS CASE REFERRED TO MEDICAL						
PHYSICIAN: MEDIC	EXAMINER?	IOSPITAL:	ОТ	28. PLACE OF DEATH (CI			
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	,
ВУ	1 Naturel 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO			
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, street	, factory, office	28t, LOCATION (Street City or Town, Stete)	and Number or Ru	rai Route Number,
	OD: CERTIFIED						
COMPLET	(Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowle	edge, death occurred at	the time, date end place, end due my opinion, death occured at the	to the cause(e) end me	nner ee stated.	
	296 SIGNATURE AND TITLE OF CERTIFIER		onaro, meanganon, m	29c. LICENSE NU			
品	alyen & Ma	darau.	MD	D 19	1106	DATE SIGN	NED (Month, Day, Your)
일	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print		=140	2001	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	14/1 6/6	I MONTROS	HRD HOC	KUILL	M10 2012
	JUL 1 8 1994 Julia	Tavidson Pand					

estes 12

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

30. NAME AND ADDRESS OF PERSON (Kenter J. Zehr)
31. DATE FILED (Month, Day, Year)
31. DATE FILED (Month, Day, Year)

1 WHO COMPLETED C.

TORN S HOPLES

32. REGISTRAR'S SIGN/

FURE DAVIDSON A

THE HORPITAL OR ITTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. HE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funetal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after after death with the State Dept. of Health and Merital Hydrep prior to burial, cremation, or removal. FORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E

Ιt	em # 1 Film # G 713 07-	18-94 N.A. Per	Funeral H	om e			91	4 20130
	FOR 1 · STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) IRWIN	Ε.	BERGER			JULY 14,	"1994 ^{**}	3. TIME OF DEATH 9:15A
	4. SOCIAL SECURITY NUMBER 095-16-9534	5. SEX 6. AGE (1)	in yrs. lest birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 11/21/19:		BIRTHPLACE (State or Foreign Country) NEW YORK
8	9a. FACILITY NAME (If not institution, give a THE JOHNS HOPK				VN OR LOCATION OF D	EATH	9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ		Y, TOWN OR LO				10d. INSIDE CITY
	MARYLAND 100. STREET AND NUMBER		BA	ALTIMOR	10f, ZIP CODE			LIMITS?
FUNERAL	3028-E FALLSTAFE	F RD.			21209		USA	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAN OR DAWNII	2 NO	If yes	DECENDENT OF HISPA , specify Cuban, Maxic YES 2 NO Speci			RACE — American Indian, Black, Whita, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of side. Do NOT us SALESPE	work done during se retired.)	ATION I most of working	FOOD SEI		TRY
BE CON	17. FATHER'S NAME (First, Middle, Last) MORRIS	BERGER			18, MOTHER'S N. SHIR	AME (First, Middle, Meiden LEY	Surname)	RESNICK
10	19a. INFORMANT'S NAME (Type/Print) MRS. JUDITH BERGER	R			STAFF RD.	Route Number, City or Tow BALTIMORI		^{de)} 21209
	26g: METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	noval from State cem	PLACE AND DATE	OF DISPOSITION		DATE 20c. LO	CATION — City	
	21. SIGNATURE OF FUNERAL SERVICE LIC		won	SOL SOL	E AND ADDRESS OF FA		NC.	
RTIFICATION	23. PART I. Enter tha diseases, or shock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Multiple DUE to (OR AS A C. Attress lu	the death. Do nach line.	event	mode of dying, suc	sceral ag	retory erreat	Approximate Interval Between Onset and Death 48 Jours.
CERT	resulting in death) LAST	d						
PHYSICIAN: MEDICAL	PART II. Other significant condition	tory diseas		In the underl	ying ceuse given in	1 Part I. 24s. WAS AN PERFOR	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 Y NO
AN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE O		YES N	heck only one)		,
IYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outp. 28s. DATE OF INJURY	atient 3 DOA		Home 5 - Residence			
ВУ Р	Netural 5 Pending Investigation	(Month, Day, Year)	INJ	M 1 (INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, tarm,	street, factory, o	offica	281. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,
COMPLETED		ICIAN: To the best of my knowl ER: On the bests of examination						suse(s) and manner as stated
O BE CC	29b. SIGNATURE AND PITTED CERTIFIES	1. John			29c. LICENSE NU			IGNED (Month, Day, Year)
M 1-	30. NAME AND ADDRESS OF PERSON WH	IO/COMPMETED CAUSE OF DE	ATH (ITEM 27) /Type	Print)	1	-		

METED CAUSE OF DEATH (ITEM 27) (Typo. Print) IN S HOPLIAN Hoop: tal, 600 N. Wolfest.

DHMH-16 Rev 1/89

21287

MO

DEATN

1 - FOR STATE REGISTRAR

1	feat	french
DAL	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	RAL DIRECTOR: After this certificate has been sinned by the attending physician and completely filled in by the form
	to ta	2
	100	-5
	2	fille
į	E	Apl
2	N.	nle
2	pa	FOR
0	DO.	P
<	8	2
)	D.	iria
۵	cate	2
j	E S	200
	50	2
,	eat	200
מ	ne c	di.
Ē	at to	2
)	E :	par
ر	Jires	Sig.
	reg	000
1	WP	o h
ζ.	e	ha
	-	Call
>	A	diff
L	S	9
ر	F	thic
DIVISION OF VITAL RECORDS, P.O. BOA 50/60,	NG	flar
_	2	ż
3	=	Ē
	R A	IRE(
3	T 0	Ċ
	TA	AA

Joseph

31. DATE FILED (Magnin, Day, 1997)

O'verce

mo

32. REGISTRANO SIGNATURE

151

W PRAD #211

		Lionel		Parnos								2. DATE MONT	OF DEATH	AY C	YEAR	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUME		Barnes 5. SEX		n yrs. last b	irthday) IF I	NDER 1 Y	EAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	- 9		PLACE (State or Foreign	M
	1 1	212-74-020	7	1 X M 2 - F		35	YRS. MON		MYS	HOURS	MIN.	10	h, Day, Year)	58	Country		"
pinor		90. FACILITY NAME (If not in		treet end number)			9b.	CITY, TO	O NWC	R LOCATI	ON OF DE		- 50	_	NTY OF DE		_
2, 3 st	DIRECTOR	Liberty M		al Cent	er			Ba:	lti	imor	e			N/			
es +	E C	10e. STATE	10b. COUNTY	Y		Т	10c. CITY, TO	WN OR I	LOCAT	ION				_		10d. INSIDE CITY	_
Z.	뚭	Maryland	N/I	A			Balt	imo	ore	9						LIMITS?	
Der III	ERAL	10e. STREET AND NUMBER	· · · · · · · · · · · · · · · · · · ·	-					101.	ZIP COD	E			10g. CIT	ZEN OF W	HAT COUNTRY?	
n. ansit	띮	3610 Edge	egree	n Avenu	e				1	2121	. 1			U	ISA		
ing physician. the burial-transit permit. Pages 1, 2, 3 should	BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE V	1 YES	2 X NO	ED	If y	es, spe	ENDENT (ecify Cube 2 1 NO	n, Mexica	n, Puerto	N? (Specify Ye Rican, etc.)	e or No—	14. RACE Black Specif	- American Indian, White, etc.	
r attending use as the	8		EDENT'S EDU			16e. DECE	DENT'S USU	AL OCCI	JPATIO	ON:		166	. KIND OF BU	SINESS/INC	DUSTRY		
for u	E	Elementary/Secondary (0		College (1-4 or 5	+)	life. D	o NOT use reti	red.)	ng mos	St OF WORK	ng						
the hospital detached fo	COMPL	12th grad		4 years		F1	orist						Flor	cal I)esi	gn	
e de fe	응	17. FATNER'S NAME (First, M	iddle, Last)										Middle, Maider	,			
	8	JOE MCCC		k									e Nix				
be retained le 5 should le 10 s	2	Angela Sta					02 Li						ndall		rn,]	21133 Maryland	£
Yeath. Page 6 may be funeral director, page xaminer must be		20a, METNOD OF DISPOSITI		oval from State	20b.1	PLACE AN	DDATE OF OIL	SPOSITIO	ON (Ne	me ol	,	DAT	E 20c. LC	CATION -	City or To	vn, State	
Page 6		4 Donation 5 Other	(Specify)		Pa	arad	ise	Cem	et	ery	7/1	18/9	4 Tra	appe,	Ma	ryland	
death. Pag funeral di I. examiner		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSRE				22. NA	ME AN	D ADDRE	SS OF FA	C C	lagga l	ean	Gil	more Her	n-
9 = 8		1/10990	lean	D. Hen	son								erst				
a SE S		23. PART I. Enter the di	seases, or o	complications the	nt caused	the deat	h. Do not e	nter th	e mod	de Df dy	ing, suc	h as car	diac or reep	iratory an	reet,	Approximate	
	1 1	IMMEDIATE CAUSE (Fin									1 1	~				Onset and De	
		disease or condition resulting in death)	→	· /+(4	Una	20	m	no	re	a	Of	CON	109	Syn	der	6	
Pa Line				DUE TO	OR AS A	CONSEOU	ENCE OF):						-				
at price	NO	Sequentially list conditi		b	DR AS A	CONSEQU	ENCE OF									-	
ficate be exphysician and prior to	CATI	if any, leading to imme- cause. Enter UNDERLY		502 10	(Un en nu)	CONSECU	ENCE OF:										
phys and phys	윤	CAUSE (Disease or Inju that initiated events	iry	c. DUE TO	OR AS A	CONSEQU	ENCE OF):									+	
· S PE	ERTIF	resulting in death) LAS	T	d.													
e death he atte Mental	0	PART II. Other significa	nt condition	s contribution to	death bu	it not me	ulting in th	o undo	dulas		ahuaa la	Dord I	24e. WAS AF		Lan	1	
by and	EDICAL	-					arting in th	0 01100	· · y · · · · §	y couse	Airett itt	rant i.	PERFO	RMED?	240.	WERE AUTOPSY FINDIF AWAILABLE PRIOR TO COMPLETION OF CAUS	
requires the	ED												1 TYES	2 NO		OF DEATH?	
sh of	Σ.	DID TOBACC	O USE	CONTRIBUT	E TO	CAUS	E OF D	FATI	1)	YES I] NO	2 [t YES 2 NO	
SICIAN: The law n certificate has be th the State Dept. d, or Item 23 s	SICIAN	25. WAS CASE REFERRED TO										eck only o	ne)				_
AN: T incate State	Sic	EXAMINER? 1 YES 2 NO		HOSPITAL: 1 Inpetient 2	☐ ER/Outpar	ntient 3 🗆		HER:	a Home	e 5 🗆 Ra	ssidence	8 🗆 Oth	or (Specify)				
PHYSICIA this certif with the 'ked, or	РНҮ	27. MANNER OF DEATH		28a. DATE Of	F INJURY Day, Year)		28b. TIME OF		c. INJ	URY AT			SCRIBE NOW	INJURY OC	CURED		
NG PHYS fler this sath with marked	BY F		Pending Investigation	100000	Jay. 10a1)		Maom	м .		/ES 2 [] NO						
ATTENDING PHYSICIAN: The law ECTOR: After this certificate has t s after death with the State Dept 1.28 is marked, or Item 23		3 Suicide 6	Could not be	26e, PLACE (building,	OF INJURY -	— At home	, ferm, atreet	factory	, office	•		261. LOC	CATION (Street or Town, State	end Number	or Aural A	oute Number,	
OR ATTENDING DIRECTOR: After hours after death	ETE	4 Homicide	datermined											,			
AL OR A AL DIREC 2 hours 1 Item	P.		IFYING PNYSI	CIAN: To the best of	f my knowla	dge, death	occurred at	the time	, dete	and place	, end due	to the ca	use(e) and ma	nner se stat	ed.		
HOSPITAL FUNERAL within 72 I	COMPL	one) 2 MEDI	CAL EXAMINE	R: On the basis of e	examination	and/or Inv	estigation, in	my opin	ilon, di	eath occu	red at the	time, dete	end place, a	nd due to th	e ceuse(e)	end menner as state	d.
TO THE HOSPI TO THE FUNEF be filed within	ш	296. SIGNATURE AND PITLE	OF CERTUFIE	1111	_		1				ENSE NUI					(Month, Day, Year)	
5 6 3 M	0 8	4000		ter C	- 6	is	1			I	39.	531	0	•	7-19	1-94	
	F	JO. NAME AND ADDRESS OF	PERSON WN	O COMPLETED CAU	SE OF DEA	TH (ITEM :	27) (Type, Print)									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

PACTIMOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGIST STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH												
							2. DATE OF DEATH DA	W.	YEAR 3. TIME OF DEATH			
			BOWIE					-94	3A M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	NGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)	-	8. BIRTHPLACE (State or Foreign Country)			
	214-32-2676	86 YRS.		Hoons	Marie.	3-30-08	3	MD.				
	9a. FACILITY NAME (If not institution, give	9b. CITY, TOWN	OR LOCATI	ON OF DE	ATH	9c, COUN	TY OF DEATH					
O.	FREDERICK MEI		FR	EDE	RICK, MD.	0.50	FREDERICK					
5		RESIDENCE OF DECEDENT										
DIRECTOR	-10.00	10e. STATE 10b. COUNTY 10c. CITY							10d. INSIDE CITY LIMITS?			
	MD. FI	REDERI					1X YES 2 ND					
RA		NON DETILE		II. ZIP COD				OF WHAT COUNTRY?				
FUNERAL	470 CARROLL			170			S.A.					
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			If yee, specify Cubsn, Maxican			, Puerto Ricen, atc.)	or No—	14. RACE — American Indian, Black, Whits, etc. Specify: BLACK			
	15. DECEDENT'S E		16a. DECEDENT'S	USUAL OCCUPAT	ON		16b. KIND OF BUS	SINESS/IND				
COMPLETED	(Specify only highest gra Elementary/Secondary (0-12)	de completed) Cottege (1-4 or 5+)	(Give kind of life. Do NOT u	work done during n se retired.)	ost of workli	ng	TOOL NIND OF BUSINESS/INDUSTRY					
P	5 TH	College (1-4 of 5 +)	DOMES	TIC			PRIV					
O	17. FATHER'S NAME (First, Middle, Last)	S NAME (First, Middle, Last)				HER'S NAI	ME (First, Middle, Malden Sumeme)					
	CHARLES H. JOI	HNSON					ARA HALI					
TO BE	196. INFORMANT'S NAME (Type/Print) BERNADINE L.	HELMS					Number, City or Town		Code) , MD. 21701			
	20a. METHOD OF DISPOSITION	1102110	20b. PLACE AND DATE	OF DISPOSITION (/	ame of	DRI	1					
	20b. PLACE AND DATE OF DISPOSITION DATE 20b. PLACE AND DATE OF DISPOSITION (Name of cemeter) 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemeter) 2 Co. LOCATION — City or Town, S cemetery, crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of Cemeter) 2 Co. LOCATION — City or Town, S CEMETON, 1 CO. LOCATION — City or Town, S CEMETON — CITY OF TOWN, S CEM											
	21. SIGNATURE OF FUNERAL SERVICE	LIPENSEE O O	*	22. NAME	ND ADDRE		TILITY		21701 -			
	> Jango	. folle	us	GAR 100	Y _W .	ALL ROI	LLINS FUN SAINTS S	VERAL ST. I	HOME FREDERICK, MD			
CERTIFICATION	disease or condition resulting in death) Due To (or as a consequence of): Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Due To (or as a consequence of): Due To (or as a consequence of):											
	DART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s, WAS AN AUTOPSY FR											
EDICAL	A series to the series of	1 -0 .0			_	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
ğ	conjoine near	-	levele	LUBE	ed,	1 TYES 2	NO	OF DEATH?				
M	renal martice	warch, am	mea						1 TYES 2 NO			
Ž		,										
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL: OTHER:											
PHYSICIAN:	1 TYES 2 NO	1 Dinpatient 2 - ER		4 - Nursing Ho	ne 5 🗆 R	esidence	6 Other (Specify)					
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Y		JURY W	JURY AT ORK? YES 2 [□ NO	26d. DEŞCRIBE HOW II	NJURY OCC	URED			
	3 Suicide 6 Could not b	26s. PLACE OF IN. building, atc.	JURY — At home, farm, (Specify)	street, fectory, off	cs		261. LOCATION (Street a City or Town, Stete)	and Number	or Rural Route Number,			
COMPLETED	294. CERTIFIER (Check only 1 CERTIFYING PH	/SICIAN: To the best of my	knowledge, death occurr	ed at the time, da	s end place	, and due	to the cause(s) and mar	ner as state	od.			
OM	one) 2 MEDICAL EXAMI	NER: On the basis of exami	nation and/or investigation	on, in my opinion,	death occu	red at the	time, dats and place, sn	d due to the	cause(s) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIF	Stelley	hos			ENSE NUM		29d. DATE	SIGNED (Month, Day, Year)			
5	SUSAN B. (3		DEATH (ITEM 27) (Type	5 TO 111	ouse	An	Sut 203	3 Fre	edence MD			
		32 AEGISTEANS		J 7 7			000					
	31. DAJUL 18 1094	Linibermoter	Ruddit					-5				

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-713 7/21/94 t.t ITEM: 1. PER F.H. FILM G-713 7/16/94 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR			ICATE OF	DEATH	REG.	NO.					
	1. DECEDENT'S NAME (First, Middle, Last) LARRY J. BROWN					2. DATE OF DEATH	1	3. TIME OF DEATH				
						JULY 0						
		5. SEX 6. AGE (In	yrs. last birthday) YRS,	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)				
	9e. FACILITY NAME (If not institution, give stre	11	THO.	9h CITY TOWN	OR LOCATION OF DE	7 7		aryland				
COMPLETED BY FUNERAL DIRECTOR	MARYLAND GENERAL HOSPITAL BALTIMORE CITY N/A											
	10a. STATE 10b. COUNTY			10d. INSIDE CITY								
	Maryland N/	Α	I B	altimo	re			1- YES 2 NO				
	701 W. Lafayet		10	21217		10g. CITIZE	USA					
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 K NO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexice S 23 NO Specify	n, Puerto Rican, etc.		6. RACE — American Indian, Black, White, etc. Specify: Black				
	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12)		(Give kind of life. Do NOT u			16b. KIND OF	BUSINESS/INDU	STRY				
MI			Carpe	nter								
_	17. FATHER'S NAME (First, Middle, Last) Litton Turner					ME (First, Middle, Mei y Ann B	,					
מ	190. INFORMANT'S NAME (Type/Print)		105 84848 004	1000000 (0)	and Number or Rural F			01015				
5	Dorothy Hutchi	nson			er Aven	ue Bal	timore	Maryland				
	20e. METHOD OF DISPOSITION			OF DISPOSITION /A		DATE 20c.		y or Town, State				
	ALXBuriel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	ral from State ceme	tery, cremetory or o	ther place)	7	11 2 /01		e, Maryland				
	A Donellon 5 Other (Specify) Mt. Auburn Cemetery // 12/ Baltimore, Marylan 21. SHGMATURE OF FUNERAL SERVICE LITERSEE 22. NAME AND ADDRESS OF FACILITY 5240 Reisterstown R											
	Chatman-Harris F/H Baltimore, Md212											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDING											
MEDICAL			· roc rasulting	the underlyn	ng causa given in	PER	FORMEO?	24D. WERE AUTOPST PRUPINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
Ż	DID TOBACCO USE CO	ONTRIBUTE TO C	AUSE OF	DEATH Y	YES NO							
PHYSICIAN:		HOSPITAL:		26. P	PLACE OF DEATH (Chi	ock only one)						
1XS	1 ST YES 2 NO 27. MANNER OF GEATH	1 Inpatient 2 ER/Outpat			me 5 Residence							
- 1	1 Naturel 5 Pending	(Month, Day, Year)	UNKNO	JURY W	JURY AT ORK? YES 2 XXNO	UNKNOWN	M INJUHY OCCU	REU				
BY	2 Accident Investigation 3 Suicide 6 XX Could not be	28e. PLACE OF INJURY -	- At home, term,				eet and Number or	Rural Boute Number.				
3	4 Homicide determined	building, etc. (Specifi	FOUND AT		City or Town, State) 701 N. LAFAYETTE AVE.							
E	290. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowle	dge, death occurr	ed at the time dat	e and place, and due	BALTIMORE.						
COMPL	one)							ceuse(e) and menner se stated.				
	296. SIGNATURE AND TITLE OF CERTIFIER	0 .	.^		29c. LICENSE NUN	IBER	29d. DATE S	BIGNED (Month, Day, Year)				
	(Carun)	wife W	D)		O.C.M			Y 07, 1994				
2	30. NAME AND ADDRESS OF PERSON WHO	44 #	TH (ITEM 27) (7/20)	enn St	reet, B	altimor		yland 21201				
	31. DATE FILED (Month, Day, Year)	REGISTRAR'S SIGNAL	TURE									
	.1111 1 6 1994	Julis Dander	fulul									

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

ID THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any notice of many be retained by the hospital or attending physician.

FRIEFRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after this certificate has been signed by the attending physician and mental Hygiene prior to burial, cemation, or removal.

Pages 1, 2, 3 should be after this certificate has been signed by the attending physician.

	AME (First, Middle, Last)	1		CERTII					DATE OF OEATH			3. TIME OF DEATN
- Eve	lyn Con	wav Ev	elyn	Gladys	Con	way			MONTH	DAY I	YEAR 1994	(2:30 Pi
4. SOCIAL SECURI	TY NUMBER	5. SEX	6. AGE (In y	rs. last birthday		R 1 YEAR	IF UNDER 24		DATE OF BIRTH		e. BIRTI	NPLACE (State or Foreign
218-09	-2838	1 🗆 M 2 💢 F	8	7 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) Aug. 31,	1906	Count MA	RYLAND
	E (If not institution, give						R LOCATION	OF DEATH	4		JNTY OF C	DEATH
Union			Balt	imor	e Ci	Lty		N/F	1			
10a. STATE	10b. COUNT	TY		10c. C	TY, TOWN	OR LOCAT	TION					10d, INSIDE CITY
MD		N/A			BALT	IMORI	3					LIMITS?
10e. STREET AND	NUMBER					101	ZIP CODE			10g. CI1	TIZEN OF	WHAT COUNTRY?
2940 E.	PRESTON	STEET					21213	3		L _	U.S.	Α.
11. MARITAL STATU		12. WAS DECEDEN FORCES? 1							ORIGIN? (Specify 'uarlo Rican, etc.)	ea or No-		E — American Indian, k, White, atc.
1 Never Married 3 Widowed 4		IF YES, GIVE Y					2 NO		uario ricali, etc.)		Spec	ffy:
	15. DECEDENT'S EDI	UCATION		a. DECEDENT	e Herry O	ACCUPATION OF THE PERSON OF TH	NA.		16b. KIND OF E			BLACK
Elementary/Sec	pecify only highest grad	de completed)			work done	during mo	st of working		166. KIND OF E	USINESS/IN	DUSTRY	
8TH	condary (0-12)	College (1-4 or 5 -	"	HOL	SEWI	.च.च			HOME			
	E (First, Middle, Last)	N/A		1100	DENT		18. MOTNE	R'S NAME	(First, Middle, Maid	n Sumame)		
MATTHEW	CONWAY	Robert M	iller				JENN	IE B	ROWN			
19a. INFORMANT'S	NAME (Type/Print)											
MATTHEW	NFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code) 2940 E. PRESTON STREET/BALTIMORE, MD 2121								213			
20a. METHOD OF D	DISPOSITION Cremation 3 - Ren	moval from State		ACE AND DATE					DATE 20c.	OCATION -	- City or To	own, Stata
4 Donation 6			- AR	ry, cremetory or BUTUS		_				BUTUS	, MD	
	FUNERAL SERVICE L				22. M	NAME AN	F. H.	OF FACILI	West			
- Ma	ales	m	KVS	en					VE./BAL	rimor:	E, MI	21202
iMMEDIATE CAL disease or cond resulting in dea	dition——	a. Due to	(OR AS A CO	iline.	-TO (RY			723.			Interval Between Onset and Deatl
	t conditions,	DUE TO									<u>.</u>	
if any, leading to cause. Enter UN CAUSE (Discess that initiated expressibling in dear	NDERLYING o or Injury ents	c. DUE TO	(OR AS A CO	PINSEOUENCE	OF):	R1	710	2				UNKNO
if any, leading to cause. Enter UN CAUSE (Discess that initiated ev- resulting in dea	NDERLYING o or Injury ents	d	(OR AS A CO	INSEQUENCE	OF):				rt I. 24a. WAS	IN AUTOPSY	246	. WERE AUTOPSY FINDINGS
if any, leading to cause. Enter UN CAUSE (Discess that initiated ev- resulting in dea	NDERLYING to pr Injury tents th) LAST	d	(OR AS A CO	INSEQUENCE	OF):				rt I. 24s. WAS PERF	ORMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
if any, leading to cause. Enter UN CAUSE (Discess that initiated ev- resulting in dea	NDERLYING to pr Injury tents th) LAST	d	(OR AS A CO	INSEQUENCE	OF):				PERF	ORMED?	2 46	WERE AUTOPSY FINDINGS
If any, leading to cause. Enter UM CAUSE (Disease that initiated ev- resulting in dea	NDERLYING to pr Injury tents th) LAST	d.	deeth but	not resulting	in the u	nderiyin	g ceuse giv		PERF	ORMED?	2 46	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
If any, leading to cause. Enter UM CAUSE (Disease that Initiated expressiting in dea	NDERLYING s or injury ents with) LAST significent condition	ons contributing to	deeth but	not resulting	in the u	TH Y	g ceuse giv	ren In Pai	PERF	ORMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
if any, leading to cause. Enter UN CAUSE (Disease that initiated ever resulting in deal PART II. Other a DID TOB 25. WAS CASE REFEXAMINER?	SACCO USE	d.	deeth but	not resulting	of): in the un DEA	TH Y 26. PI R:	ESACE OF DEA	NO TH (Check	PERF	ORMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
If any, leading to cause. Enter UM CAUSE (Disease that initiated ever resulting in deather than the cause of	SACCO USE ERRED TO MEDICAL ATH	contributing to	deeth but of	AUSE O	F DEA	TH Y 26. Pt R: rsing Nom 28c. INJ	ESACE OF DEA	NO TH (Check dence 6	PERF 1 YES	DRMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
If any, leading to cause. Enter UM CAUSE (Disease that initiated expressible of the case o	SACCO USE	CONTRIBUTE HOSPITAL: 1 Vinpellant 2 28a. DATE OF	deeth but deeth	AUSE O	F DEA	TH Y 26. PL R: rsing Nom 28c. INJ WO 1 1	ESACE OF DEA	NO ITH (Check dence 6 [28	Other (Specify)	ORMED? 2 IIMO	CCURED	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to cause. Enter UM CAUSE (Disease that initiated ever resulting in dea PART II. Other a DID TOB 25. WAS CASE REFEXAMINER? 1 YES 2 (1. 27. MANNER OF DE 1 Netural	SACCO USE ERRED TO MEDICAL ATH 5 Pending	CONTRIBUTE HOSPITAL: 1 Vinpetiant 2 26a. DATE OF (Month, D)	deeth but deeth	AUSE O	F DEA	TH Y 26. PL R: rsing Nom 28c. INJ WO 1 1	ESACE OF DEA	NO ITH (Check dence 6 [28	PERF 1 VES O'None) Other (Specify)	ORMED? 2 INO / INJURY OC	CCURED	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to cause. Enter UN CAUSE (Disease that initiated every resulting in deal PART II. Other a DID TOB 25. WAS CASE REFEXAMINER? 1 YES 2 (L. 27. MANNER OF DE 1 Natural 2 Accident 3 Suicide 4 Nomicide	SACCO USE ERRED TO MEDICAL To Pending Investigation Could not be determined	CONTRIBUTE HOSPITAL: 1 Vinpetiant 2 26a. DATE OF (Month, D) 28a. PLACE O building,	deeth but of the total deeth but of the total	AUSE O	F DEA OTHE 4 Nur ME OF JURY M , street, fac	TH Y 26. Pt R: rsing Nom 28c. INJ tory, office	ES	NO TH (Check 28 NO 28	Office (Specify) Office (Specify) Id. DESCRIBE NON City or Town, Sta	ORMED? 2 THO INJURY OCH It and Number	occurred or or Rural I	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to cause. Enter W. CAUSE (Disease that Initiated every resulting in deal PART II. Other set of the cause o	ACCO USE ERRED TO MEDICAL To Pending Investigation COULD not be determined	CONTRIBUTE HOSPITAL: 1 Vinpatiant 2 28a. DATE OF (Month, D) 28a. PLACE O building,	deeth but (TO C/ ER/Outpetle ENJURY Dey, Year) FINJURY— atc. (Specify)	AUSE O	F DEA OTHE 4 Num ME OF HUNUY M , street, fac	TH Y 26. Pt R: rsing Norm 28c. INJ WO 1 1 tory, office	ES	NO TH (Check dence 6 28 NO 28	Other (Specify) Other (Specify) Id. DESCRIBE NON City or Town, Sta	or INJURY OC t and Number	or or Rural is	N. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to cause. Enter UM CAUSE (Disease that initiated expressible of the cause) and the cause of t	BIGNIFICANT STATES OF THE PROPERTY OF THE PROP	CONTRIBUTE HOSPITAL: 1 Vinpetlant 2 26a. DATE OF (Month, D) 26a. PLACE O building, SICIAN: To the best of a	deeth but (TO C/ ER/Outpetle ENJURY Dey, Year) FINJURY— atc. (Specify)	AUSE O	F DEA OTHE 4 Num ME OF HUNUY M , street, fac	TH Y 26. Pt R: rsing Norm 28c. INJ WO 1 1 tory, office	ES	NO TH (Check dence 6 28 NO 28	Other (Specify) Other (Specify) Id. DESCRIBE NON City or Town, Sta	V INJURY OC	or or Rural I	NWERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
If any, leading to cause. Enter UM CAUSE (Disease that Initiated every resulting in deal PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART II. Other a PART III. Other III. Other III. Other III. Other III. Other III. Other III. Other	BIGNIFICANT CONDITION ACCO USE BIGNIFICANT CONDITION BIGNIFICANT	CONTRIBUTE HOSPITAL: 1 Vinpetlant 2 26a. DATE OF (Month, D 26b. PLACE O building, SICIAN: To the best of a	deeth but (TO C/ ER/Outpetle ENJURY Dey, Year) FINJURY— atc. (Specify)	AUSE O	F DEA OTHE 4 Num ME OF HUNUY M , street, fac	TH Y 26. Pt R: rsing Nom 28c. INJ tory, offic	ESACE OF DEA e 5	NO TH (Check dence 6 28 NO 28	of Mone) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify)	V INJURY OC	or or Rural I	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, a) and menner as stated.
If any, leading to cause. Enter UM CAUSE (Disease that Initiated every resulting in deal PART II. Other a DID TOB 25. WAS CASE REFEXAMINER? 1 YES 2 (L. 27. MANNER OF DE 1 Netural 2 Accident 3 Suicide 4 Nomicide 29a. CERTIFIER (Check only one) 2	BIGNIFICANT STATES OF THE PROPERTY OF THE PROP	CONTRIBUTE HOSPITAL: 1 Vinpetlant 2 26a. DATE OF (Month, D 28b. PLACE O building, SICIAN: To the best of JER: On the best of a	TO C/ ER/Outpetle: INJURY — atc. (Specify) my knowledge xamination and	AUSE O	F DEA* OTHE 4 - Num ME OF NUMPY M , street, fac	TH Y 26. PL R: rsing Norm 28c. INJ WO 1 1	ES	NO ITH (Check dence 6 28 NO 28 NO 28 Ith the times SE NUMBE	of Mone) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify)	INJURY OC I INJURY OC I India Number I Indi	or or Rural I	Route Number, 1 994

C) . [[3];

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day, Year)

8 1994

94

9c. COUNTY OF DEATH

16g, CITIZEN OF WHAT COUNTRY?

U.S.A.

14. RACE — American Indian, Black, White, etc.

Specify: BLACK

3. TIME OF DEATN

10d. INSIDE CITY

MXYES 2 NO

Approximate interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

JULY 15, 1994

COMPLETION OF CAUSE OF DEATN?

P.M

7:26

8. BIRTNPLACE (State or Foreign S.C.

REG. NO.

2. DATE OF DEATN

JOYCE CHURCH JULY 14 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 7-12-46 1 - M 2/X F 247-80-7449 YRS. 48 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 243 N. FULTON AVE BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD BALTO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 243 N. FULTON AVE 21223 use as the burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 1F YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES YN NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married
3 Divorced В COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) 12TH Por College (1-4 or 5+) detached UNKNOWN 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) CALVIN SINGLETON ROSE 2 7 SINGLETON BE notified funeral director, page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code) 2 JOSEPH CHURCH 243 N. FULTON AVE BALTO, MD 21223 nours after death. Page 6 may be be METNOD OF DISPOSITION

Burlel 2/1 Cremetion 3 | Removal from State
| Donaton | 5 | Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE BETHEL CHURCH CEMETER \$ 2094 MCCULLOHVILLE, S.C PL SIGNATURE OF FUNERAL SERVICE LICENSEE traumatic event, the medical examiner 22. NAME AND ADDRESS OF FACILITY MARCH F/H -WEST 4300 WABASH AVE filled in by the fi 23. PART | | Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart fellure. List only/one cause on each line IMMEDIATE CAUSE (Finel disease or condition cremation, or completely more resulting in death) executed with DUE TO (OR AS A CONSEQUENCE OF) BOX 68760. been signed by the attending physician and com xt. of Health and Mental Hygiene prior to burial, Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CERTIFICAT HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): P.O. that initiated events resulting in deeth) LAST 10 DIVISION OF VITAL RECORDS, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? Por shows any D=50 SURGERN YES 2 NO Dhesitin DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL OTHER: 1 XES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA nce 6 Other (Specify) 10 DIRECTOR: After this cert hours after death with the Item 28 Is marked, o 27. MANNER OF DEATN 28a. DATE OF INJURY 28h TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED this c Netural Accident INJURY 1 YES 2 NO BY Investigation 28s. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Nomicide TO THE HOSPITAL OR ATT ID THE FUNERAL DIRECTS OF WITHIN 72 hours at IMPORTANT: It item 21 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 2 X MEDICAL EXAMINER: On the and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 1 TURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER C.M.E 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ARON COC KE, 111 Penn Street, Baltimore, Maryland 21201 mo

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

čáln. I.

The CIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

It is now 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician. SPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE	PF DEATH	REG. NO		
1 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Marie Agnes Frantz Cornell July 17 1994								
	4. SOCIAL SECURITY NUMBER	5. SEX	(In yrs. last birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7 DATE OF BUTTU	<u> </u>	BIRTHPLACE (State or Foreign
	213-20-4016	213-20-4016 1 M 2 M F 92 YRS. MONTHS DAYS HOURS MIN. (Morth, Day, Year) May 2, 190				902	Country) Maryland	
	9a. FACILITY NAME (If not institution, give	street and number)	- 74	Oh CITY TON	VN OR LOCATION OF DE			TIGIL Y LATIO
cc						SAI (1		
2	Dulaney-Towson No	msing Home		Towso	n		Bal	timore
입	10e. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
DIRECTOR	Maryland Balti	imore		hervil				LIMITS?
	10e. STREET AND NUMBER							1 TYES 2 NO
\ <u>₹</u>	110-110-110-110-110-110-110-110-110-110				10f. ZIP COOE		"	ZEN OF WHAT COUNTRY?
	1612 Riderwood Di				21093		Uni	ted States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS	DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, atc.
ВУ	1 Never Married 2 Married 3 N Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES		, specify Cuben, Maxica YES 2 X NO Specify		- !	Specify:
	3 K widowed 4 Divorced							White
	15. DECEOENT'S EDL (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/IND	USTRY
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	most of working			
<u>a</u>		2	Homemak	er		Own Hon	ne	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
	Edward Frantz				Laura I	oftus		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Sm		Route Number, City or Tow	n State 7in	Cortel
임	Evart F. Cornell					rville, M		
		20	b. PLACE AND DATE					City or Town, State
	20a, METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Ram	toval from Stata	metery, crematory or o	ther placa)				
1 1	4 Donetion 5 Other (Specify)	Je	essops U.M.			7/19/94 Hur	it Va.	lley, Maryland
	21. SIGNATURE OF FUNERAL BERYIOF LI	STE M	+	22. NAM M-i +	choll-Uiod	aury lefeld Home	Tne	
	Robert M. Kra	atz.	103	650	O York Ros	d Baltimor	, THE	71212
			d the deeth. Do i					
1 1	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory srrest, shock, or heart feliure. Liet only one cause on each line. Approximate interval Between							
	iMMEDIATE CAUSE (Finel disease or condition	and.	1 -1	i 1.	1 1			Onset and Death
	resulting in desth)	· Gasyrou	riestino	el E	redin	9		
		DUE TO (OR AS	A CONSEQUENCE O	F):				
	Sequentially list conditions,	b						
Ĕ	if eny, leeding to immediate	OUE TO (OR AS	A CONSEQUENCE O	F):				
2	CAUSE (Disease or injury	C						
1 🖺 🛭	that initiated events resulting in deeth) LAST	OUE TO (OR AS	A CONSEQUENCE O	F):				
CERTIFICATION	resulting in death) LAST	d						
	PART ii. Other eignificent condition	ns contributing to death	hut not Pacultino	in the under	ulas asusa aluan la	Boot (Los Manager	authomou.	
EDICAL	COn 0100-111	2 Nonst	Lili	i i i i i i i i i i i i i i i i i i i	ying cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
l ă l	2019 65/100	- Leger I	raill			1 YES 2	NO	COMPLETION OF CAUSE OF GEATH?
M								1 YES 2 NO
	DID TOBACCO USE (CONTRIBUTE TO	CAUSE OF	DEATH	YES NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			21	. PLACE OF DEATH (Ch	eck only one)		
l Si	EXAMINER?	HOSPITAL: 1 Inputiont 2 ER/Out	patient 3 DOA	OTHER:	fome 5 Rasidence	a Cohen (Constant	-	
🖺	27. MANNER OF DEATH	26a. DATE OF INJURY			INJURY AT	28d. DESCRIBE HOW I	N HIBY OCC	TIPEO
	1 Natural 5 Pending	(Month, Day, Year)		IURY	WORK?	ass. DESCRIBE NOW		oneo .
2 Accident Investigation " 1 YES 2 NO								
<u>a</u>	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Spe	ecify)	street, tectory,	office	281. LOCATION (Street of City or Town, State)	and Number	or Rural Route Number,
E				=				
\₫	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	wiedge, death occurr	ed at the time,	data end place, and dua	to the cause(s) end man	nner as state	ed.
COMPL	one) 2 MEDICAL EXAMIN	ER: On the besis of examination	on and/or investigation	on, In my opinio	n, death occured at the	time, data end place, an	d due to the	e cause(s) and manner as stated.
9 1	286 SIGNATURE AND TITLE OF CERTIFIE	R //			29c. LICENSE NUR	ABER	29d. DATE	SIGNED (Month, Day, Year)
8	YV Ino DOM	Kamo	MIO		12/	201	D	7/18/04
임	30. NAME AND AODRESS OF PERSON WI	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (5	Print)	JUNA	J-[1]		110/11
						04.05=		
	Marcia Kane, M.I). 301 St. Pa	ul Stree	t Balt	imore, MD	21202		
	J. DATE FILED (Month, Day, Year) U. I. 8 1994 July	32. REGISTRAR'S SIG	NATURE					
1 1	- L U 1034 Jul	ie Tavidson Pand	- 88					

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

Carolina

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

Baltimore, Md21215

Approximate Interval Between

Onset and Death

a days

3 days

6415

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

COMPLETION OF CAUSE OF DEATH?

1 TES 2 NO

29d. DATE SIGNED (Month. Day. Year)

Johns Hopkins Hospital

101

1 X YES 2 NO

Black

10:02 A

1994

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

USA

Specify

N/A

REG. NO.

2. DATE OF DEATH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

WILLIE

1 -

4
0
9
~
∞
6876
~
2
BOX
m
0
م
-
S
0
~
-
O
O.
ш
RECORDS
VITAL
⋖
\vdash
_
>
OF V
$\overline{}$
0
7
<u> </u>
\underline{v}
7
~
>
=

10 JULY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 45 HOURS 242-78-7548 1 XM 2 F YRS. 10 9 permit. Pages 1, 2, 3 should 99. FACILITY NAME (If not institution, give street end number)
THE JOHNS HOPKINS HOSPITAL 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY Baltimore Maryland N/A FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 2322 E. Hoffman Street use as the burial-transit be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-1 Never Merried 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 - YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specif detached for College (1-4 or 5+) Elementary/Secondery (0-12) 9th grade Cement Finisher once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) notified at Lucille Hunter Lee Cobb BE page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 0 Lee Cobb 734 Park Road, N.W. Washington, D.C. pe Page 6 may 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION - City or Town, State DATE must funeral director, Garden of Gethsemane 4 Donation 5 D Other (Specify) Rocky Mount, N.C. the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 5240 Reisterstown Rd. ours after death. Chatman-Harris F/H een signed by the attending physician and completely filled in by the of Health and Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition resulting in death) negative Sepsis diam event, DUE TO (OR AS A CONSEQUENCE OF): executed peritonitis negative gram traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate 2 pancyto pervia cause. Enter UNDERLYING death certificate CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST AIDS 0 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any INSUFFICIANCY Cirronsis renal 1 YES 2 NO peeu DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO M Dept. MP 23 this certificate has with the State Dep 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item OTHER: PHYSICIAN: 1 YES 2 NO Supportion 2 ER/Outpatient 3 DOA me 5 - Residence 6 - Other (Specify) 10 27. MANNER OF DEATN 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY THE HOSPITAL OR ATTENDING F THE FUNERAL DIRECTOR: After if filed within 72 hours after death Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 18 6 Could not be COMPLETED 4 Nomicide TO THE HOSPITAL OR AT
TO THE FUNERAL DIRECT
be filed within 72 hours a
IMPORTANT: If item 2 29e. CERTIFIER
(Check nnk)
1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 8 MD arero ie d. AJ4147357 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Myers

732. REGISTRAR'S SIGNATURE

ower

110

アンバマ

61994

COBB

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

TE15. 15

•
Ó
9/
8
99
Ψ
\times
0
\sim
•
0
\sim
α.
ທົ
~
α
0
_
\circ
ш
α
-
7
⋖
_
-
>
14
-
0
-
4
\circ
=
S
=
>
=

N. The law requires that the death certificate be executed wi
TO THE FUNEMAL DIRECTUR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	FRED ARTHU	JR COLEMAN				JULY 14.	~ 1994	2:15 P.Ma.		
	04 7 05 1105			F UNDER 1 YEAR	IF UNDER 24 HRS.	T DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)		
			6 YRS.	ONTHS DAYS	HOURS MIN,	JAN. 18,	1918	VIRGINIA		
<u>_</u>	9a. FACILITY NAME (If not institution, give stre				R LOCATION OF DI		9c. COUNTY			
DIRECTOR	PIKESVILLE NU	RSING CEN	TER	PI	KESVILL	.E		BALTIMORE		
<u>ا</u> ي	10s. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION		_	10d. INSIDE CITY		
	MARYLAND BALT	IMORE	BALT	IMORE				LIMITS?		
ME	10e. STREET AND NUMBER			101	ZIP COOE		10g. CITIZEI	N OF WHAT COUNTRY?		
FUNERAL	3522 LANGREHR R		_		21244			OF A.		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	cify Cuban, Maxica	NIC ORIGIN? (Specify Y	na or No — 14	I. RACE — American Indian, Black, White, alc.		
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗀 YES	X□ NO Specif	γ.	١,	Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	TION ompleted	I6a. DECEDENT'S US (Give kind of work	UAL OCCUPATION	DN .	18b. KINO OF B				
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	etired)	st or working					
₽ D	N/A		LABORE	R		CONST	RUCTIO	N		
	17. FATHER'S NAME (First, Middle, Last)	AT TOMANT				ME (First, Middle, Maide		I DILLC		
H	FRED G. CO	LEMAN	105 11411 110 44	00500 (01-11		UDE ELIZ				
၉	MISS MELBA CHAR	PIFC	1018 J					RYLAND 21225		
1	20m. METHOD OF DISPOSITION	206	PLACE AND DATE OF					y or Town, Slata		
	1 Burial 2 Cremation 3 Remov	al from State	$\Gamma, ZION$ C	METE	RY 7/19	/94 BAI	TO.,M	D.		
	21. SIGNATURE OF FUNERAL SERVICE LICE	LEWIS T	. GWYNN	22. NAME AN	O AODRESS OF FA	CILITY		OME 21215		
	•			4517	PARK H	EIGHTS A	VE. B	ALTO., MD.		
	23. PART I. Entar the diseases, or co ahock, or heart failure. Li	mplications that caused	tha daath. Do not	antar the mo	da of dylng, suc	h as cardiac or rea	piratory arres	t, Approximata		
	Const and Double									
ı	disease or condition resulting in death) a. MYOCAPINA NARCTON (PROVSABLE) DUE TO (OR AS A CONSEQUENCE OF):									
_		- BORTIMUSC LIFROSU								
<u> </u>	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):		.,					
ব্ৰ	cause. Enter UNDERLYING CAUSE (Disease or Injury									
ERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
CER	d.				_					
AL (PART II. Other significant conditions	contributing to death b	ut not resulting in	the undarlying	causa givan in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
						1 YES		COMPLETION OF CAUSE OF DEATH?		
MEDIC						_		I TYES 2 NO		
ÿ										
BY PHYSICIAN:		HOSPITAL:	0	THER:	ACE OF OEATH (Ch					
¥ l	I YES 2 NO	1 Inpetiant 2 ER/Outp	28b. TIME C			6 Other (Specify) 28d. OESCRIBE HOW	IN HIRV OCCUR	250		
_	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	RK?	Zau. OESCRIBE NOW	INJUNT OCCUP	1ED		
	2 Accident Investigation 3 Suicide a Could not be	28s. PLACE OF INJURY building, atc. (Spec	- At home, farm, stre	et, factory, offic	1	28f. LOCATION (Stree	and Number or	Rural Route Number,		
	4 Homicide determined	Senanty, atc. (Open				City or Town, Stat	9)			
COMPLE		AN: To the best of my know	ledge, death occurred a	it the time, data	and place, and due	to the cause(a) and m	anner sa stated.			
O O	000) 2 MEOICAL EXAMINER:	On the beals of examination	n and/or investigation, i	n my opinion, d	eath occured at the	time, data and place,	and due to the c	ause(a) and manner as stated.		
BEC	290. SIGNATURE AND LITLE OF CERTIFIER	1	Λ		29c. LIOENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)		
2	M	home	MI		1151	40	1	1116194		
	16. NAME AND ADDRESS OF PERSON WHO	IAN SUNSE	INE, W.D.	int)				1		
	31. DATE FILEO (Month, Day, Year)	210 PARK HEI	GHTS AVENU	JE						
	JUL 1 6 1994 🦻	A TIMOBE DA	AND 21:	215						

60(f). (f)

_	.5
20	-
BALTIMORE, MARYLAND 21215-0020	ath perificate he executed within a native offer death. Bone & may be retained by the bosoital or estanding the majority
T	die
-	200
5	0
2	100
Q	900
Z	2
4	÷.
\geq	ì
8	Post
A	200
2	9
щ	A SHE
E	8
5	8
2	Dog
\vdash	£
4	le or
m	Par ,
	26
	Silv
	Š
	J,
0,	ithi
9	7
œ	eti i
9	DANG
×	ad
3	971
-	iffe
0	PAC
P.O. BOX 68760	th

ospital or attending physician. DIVISION OF VITAL RECORDS, I 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	92.11	TOME OF BEATT	HEG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest) Robert Lee Dodd 2. Date of Death Month Day Year O PORTH OF DEATH OF DEATH OF DEATH								
			July 15 9						
		MONTHS DAYS HOUSE ANN		BIRTHPLACE (State or Foreign					
	98. FACILITY NAME (If not institution, give street and number)		5-3-1919 2	all (molina					
<u>~</u>	Union Memorial Hospital	Baltimore C		OF DEATH					
RECTOR	RESIDENCE OF DECEDENT	Bartimore C	Try						
ñ		CITY, TOWN OR LOCATION		10d. INSIDE CITY					
ä	Manufant 1	DAllimore		LIMITS?					
AL	10s. STREET AND NUMBER	10f. ZIP CODE	10g. CITIZEN	OF WHAT COUNTRY?					
E	3501 Liberty Hopts AV	0, 2/2/5	1//	.S.A.					
FUNERAL	1. MARITAL STATUS 1. Neone Married 2. WAS DECEMENT EVEN IN U.S. ARMED FORCESY 1. YES 2. WAS DECEMENT EVEN IN U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea or No.— 14.	RACE — American Indian,					
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	If yea, specify Cuban, Maxics		Black, White, etc.					
60 8				BIACIC					
ETE	(Specify only highest grade completed) (Give kind	T'S USUAL OCCUPATION of work done during most of working T use retired.)	16b. KIND OF BUSINESS/INDUST	RY					
	Elementary/Secondary (0-12) College (1-4 or 5+)	030 100100.,							
once.	17. FATHER'S NAME (First, Middle, Last)	18 MOTHER'S NA	ME (First, Middle, Maiden Surname)	,					
at o	Kopert Dodd	Ela	ra Noch	+					
B 0	198. INFORMANT'S NAME (SporPrint) // 199. MAIL	ING ADDRESS, (Street jund Number of Hural	Route Rumber, Gity or Youth State, Zio Coo	10)					
	Mrs. Florence, Doch 35	all the to	Hapta Aug Bo	16 m/2120					
20	201, MERROD OF DISPOSITION 201, PLACE AND DA	TE OF DISPOSITION (Warne of	DATE 28c LOCATION - City	or Town, State					
must	1 Pourtel 2 □ Cremation 3 □ Removal from State Configury connects 4 □ Dighistion 5 □ Other (Specify)	ALLIN COM	BR/to	Co. Ind.					
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22 NAME AND ADDRESS OF FA	47,55 FUXE	Al Home					
-	Land L. King to Don't Wath A to Bath Calana								
medical	anock, or heart failure. List only one cause on each line.		The same of respectation y according	Interval Between					
4	disease or condition Summer Assists	le		Onset and Death					
event, the	disease or condition solution in death) a. Seignes Asyste Due TO (OR AS A CONSEQUENCE)	OFI:		25 mm					
. m	Services possible cerebral vasculen accident cerebellen lacand Edays								
E 2	Sequentially list conditions, If any, leading to immediata								
	S cause. Enter UNDERLYING Chest pain, French dependent distreties meeting								
r othe	that initiated events DUE TO (OR AS A CONSEQUENCE resulting in death) LAST	OF):	1	long stand					
= U W	W resulting in death) LAST d. Injection . Chronic Renal Failure . Airbottes								
any injury,	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
any in	Acute Demention PERFORMED? AMAILABLE PRIOR COMPLETION OF C								
N N	Benign Prostate Mynertrophy of PSA								
Z Sh	DID TOBACCO USE CONTRIBUTE TO CAUSE C	F DEATH YES NO		1 TYES 2 NO					
SICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Ch	eck only one)	10/ 1/					
YSI Y	1 YES 2 NA HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DO	OTHER: 4 Nursing Home 5 Residence	8 Other (Specify)						
T	(Month, Dev Year)	TIME OF 28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJURY OCCURE	ED					
marked, BY Pt	1 Natural 5 Pending 2 Accident Investigation	M 1 YES 2 ND							
ED E	3 Suicide 8 Could not be 4 Homicide detarmined 28s. PLACE OF INJURY — At home, far building, atc. (Specify)	n, streat, factory, offica	281. LOCATION (Street and Number or Ri City or Town, State)	lural Route Number,					
item 28 i									
If item	29a. CERTIFIER (Check only one) t CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred to the control of the certification								
COMPL	2 MEDICAL EXAMINER: On the basis of examination and/or investig	stion, in my opinion, death occured at the	time, data and place, and due to the ca	use(s) and menner as stated.					
BE COMP	29b. SIGNATURE AND TITLE DF CERTIFIER	29c LICENSE NUI	MBER 29d. DATE SIG	GNED (Month, Day, Year)					
P	JUN CORD M.D. PGTL RO	Rident 17]	1.201/P	4 157 94					
	A COMPANY OF DEATH (ITEM 27)	rpe, rnm)	01						
	The state of the s	2016. Univ Pan	kway Baltimi	ne, MD 21218					
	31-DAFE MILED (Month, Day, Year)		9						
	1111 1 8 1994 Julie Savidson Bendon								

estu "

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DALLINONE, MANI CAND 21213-0020	The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	conflicte has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	, or removal.	s medical examiner must be notified at once.	
	TO THE MOSPITAL OF THEM AND PHYSICAN. The law requires that the death certificate be executed within	TO THE LUNE AND DESCRIPTION AND THE COMPLETE has been signed by the attending physician and completely fill	be filed with 72 hours first death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTACE IL LONG 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

R ATE GISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DENT'S NAME (First, Middle, Last)		2. DATE OF DEATH
DEDITOR ANNA DOL	MENIA	MONIH 196

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. OECEDENT'S NAME (First, Middle, Last)		2 DATE OF DEATH					
	GERTRUDE ANNA Del				07-16	-94An	08:10 Pm	
	217 12 9312	5. SEX 6. AGE (In yrs. lest b	YRS, MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	July 27 1		LACE (State or Foreign yland	
TOR	oo. FACILITY NAME (If not institution, give street Stella Maris Hospi RESIDENCE OF DECEDENT		9b. CITY, TOWN	OR LOCATION OF OE	ATH	Balti		
DIRECTOR	10e, STATE 10b, COUNTY	timore	10c. CITY TOWN OR LOC Middle	TION iver			10d. INSIDE CITY LIMITS? 1 YES 2 KNO	
	10e. STREET AND NUMBER		10	r. ZIP CODE	11	10g. CITIZEN OF WI		
FUNERAL	402 Kosoak Rd.			21220		USA		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, s	CENDENT OF HISPAN Decity Cuben, Mexican S 2 NO Specify		No— 14. RACE Black, Specify	- American Indian, White, etc. : White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted) (Give	EDENT'S USUAL OCCUPAT hind of work done during mono NOT use retired.) Housewife		16b. KIND OF BUSIN	ESS/INDUSTRY		
	17. FATHER'S NAME (First, Middle, Last) John Meyers			18. MOTHER'S NAM	WE (First, Middle, Maiden Sur			
TO BE	190. INFORMANT'S NAME (Type/Print) Russell H. deMena	19b. R	MAILING ADDRESS (Street 402 Kosoak	end Number or Rural R	oute Number, City or Town, Stimore, MD	State, Zip Code) 21220		
	20a. METHOD OF DISPOSITION TO Burlel 2 Cremetion 3 Removi 4 Donetion 5 Other (Specify) TO SHOMATURE OF FUMERAL BETWICE LICEN	norry	DDATE OF DISPOSITION (A	rial Gard	ens 7/19/9		more Co., M	
22. MAME AND ADDRESS OF FACHLITY Bruzdzinski Funeral 1407 Eastern Ave. B						imore, M	D 21221	
	23. PART I. Enter the diseasea, or complications that bedsed the death. Do not enter the mode of dying, such as cerdiec or respiratory erreat, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or injury that initiated events resulting in death) LAST b. Due TO (OR AS A CONSEQUENCE OF): c. Due TO (OR AS A CONSEQUENCE OF):							
MEDICAL C	PART ii. Other aignificant conditions	contributing to death but not rea	ulting in the underlying	g ceuse given in I	Part I. 24s. WAS AN AU PERFORME 1 YES 2	NO (WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ä	DID TOBACCO USE CO	ONTRIBUTE TO CAUSE	OF DEATH	ES NO			[1E3 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	LACE OF DEATH (Che	ck only one)			
IX		☐ Inpellent 2 ☐ ER/Outpatient 3 ☐	DOA 4 Nursing Ho	ne 5 🗆 Residence i		HOSPICE		
	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	INJURY W	JURY AT DRK?	28d. DESCRIBE HOW INJU	URY OCCURED		
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, streef, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number,					ute Number,	
COMPLETE		AN: To the best of my knowledge, death On the bests of examination end/or invo					and monner ee stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER CNGOOL 30. NAME AND ADDRESS OF DEBSON WHO	Fauleren	MD	D 250	BER 2	9d. DATE SIGNED (/	Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO G	ER, MD 2300 DUI		Y ROAD,	rowson, MAR	YLAND 2	1204	
	JUL 18 1994 July	32. REGISTRAR'S SIGNATURE						

July 27, 1925 anyland

217 12 9312 x 68

Stella Mariz Moselos

.N. AROSEN, SOL

nevit eibbit enoritied beelvast

DOING!

liliaton Lence some tevers

Russell S. delang, Dr. Husband 402 Acepak Rd. Heltimore, No 22220

Holly Hill Memorial Cardens 7/19/94 Seltimore Co., Mc

LS CS . serification and the contraction and the contraction are contracted to the contraction and the contraction are contracted to the contraction and the contraction are contracted to the contraction and the contraction are contracted to the contraction and the contracted to the

ALTIMORE, MARYLAND 21215-0020

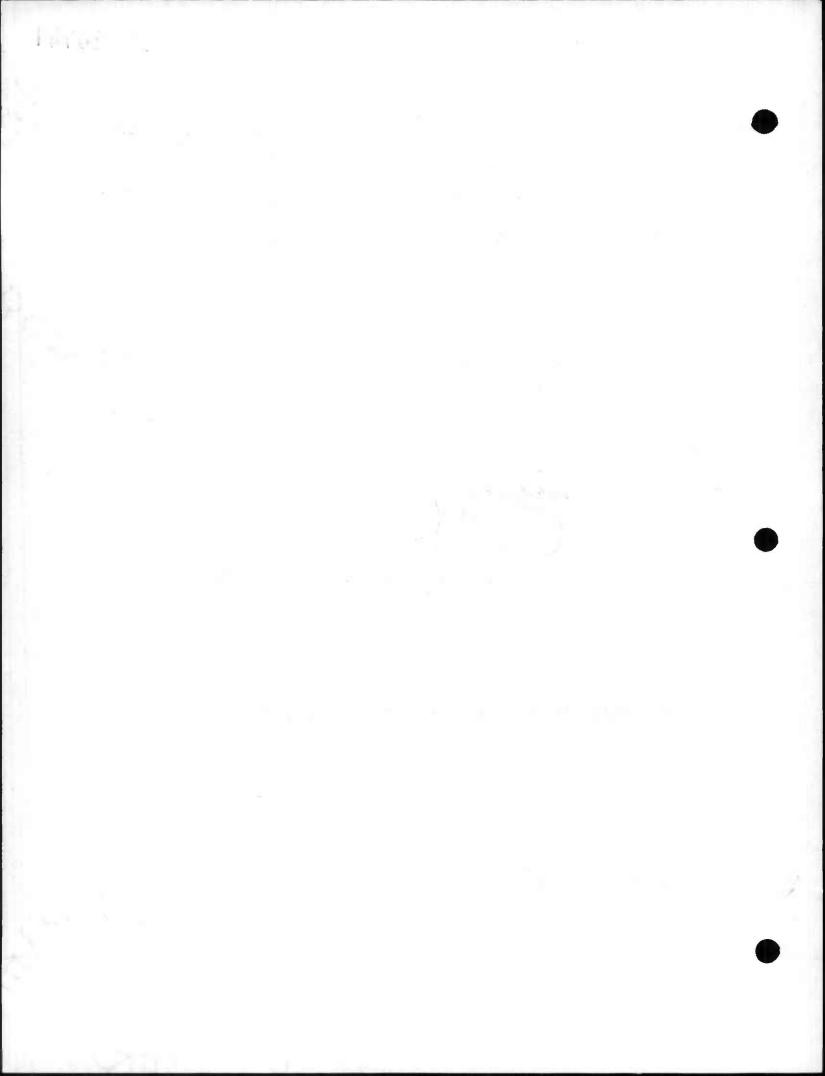
8	
	1
4	-
Ų	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	244
	1
89	-
×	
0	4
0	1
_	4
o.	
О.	44
'n	1
ă	
œ	4
Ō	4
O	1
Ш	
T.	
٦	
2	i
	4.0
	4100
÷.	ş
_	The second contract of the second contract of
5	415
$\underline{\mathcal{L}}$	Š
S	i
>	1
5	0
_	:

TO THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death conflictate be executed within. Nous after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is the first own after death with the State begin of Health and Merital Hyghere prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		permit. Pages 1, 2, 3 should		
Z 200 -	spital or attending physician.	hed for use as the burial-transi		
Z 200 -	ny be retained by the ho	page 5 should be detac		be notified at once
Z 200 -	leath. Page 6 ma	funeral director,		xaminer must
Z 200 -	Yours after o	ly filled in by the	ation, or removal.	the medical e
Z 200 -	be executed within	cian and complete	or to burial, crem	aumatic event,
Z 200 -	death certificate	e attending physic	lental Hygiene pri	ury, or other tr
Z 200 -	requires that the	theen signed by the	of Health and N	shows any inj
THE HOSPITAL OR ATTENDING PH THE FUNERAL DIRECTOR: After thi filed within 72 hours after death w PORTANT: If Item 28 is mark	YSICIAN: The law	ž	S	ed, or Item 23
THE HOSPITAL OF THE FUNERAL DIFFERMENT TO THE PORTANT: IF IN	A ATTENDING PH	IRECTOR: After thi	urs after death wi	m 28 is marke
	TO THE HOSPITAL O	THE FUNERAL D	filed within 72 ho	PORTANT: If Its

								9	4	20141		
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF				MENTAL HYGIEN	_				
	1. DECEDENT'S NAME (First, Middle, Last)	JOSEPHINE K	TLBY DIX	ON			2. DATE OF DEATH MONTH DA		YEAR	3. TIME OF DEATH		
	assphins.	SOBESTITUE A	XON				07 0		94	12:57Am		
			(In yrs. last birthday)	IF UNDER	-	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP	LACE (State or Foreign		
	210 10 2707	1 □ M 2 💢 F	79 YRS.	MONTHS	DAYS	HOURS MIN.	01-16-1	5-	VIRG	INIA		
OR	90. FACILITY NAME (If not institution, give street AURE EGIO RESIDENCE OF DECEDENT	. / //	biral	9b. CITY	TOWN OF	R LOCATION OF DE		ATH O				
5	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY			-								
DIRECTOR		CEODCE	toc. CIT		OR LOCATION	ON				tod. INSIDE CITY LIMITS?		
	MARYLAND PRINCE GEORGE LAUREL											
FUNERAL	10e. STREET AND NUMBER				-	ZIP CODE				HAT COUNTRY?		
	916 PHILIP POWERS					20707		US	A			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 NO		If yes, spec	INDENT OF HISPAN city Cuben, Mexica 2 X NO Specifi	NIC ORIGIN? (Specify Yee in, Puerto Rican, etc.) y:	or No—	Black,	- American Indien, White, etc. WHITE		
ED	15. DECEDENT'S EDUCA		16a. DECEDENT'S	USUAL O	CCUPATION	N	16b. KIND OF BUS	SINESS/INDU	JSTRY			
ET	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of liffe. Do NOT u:	work done (se retired.)	during most	t of working						
4		Ø	HOMEMAK	ER			HOME					
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
BE C	BERNARD KILBY					JAMES	M. DIXON					
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	S (Street en	d Number or Rural	Route Number, City or Tow	n, Ŝtete, Zip	Code)			
2	JAMES M. DIXON		916 P	HILI	P POV	WERS DRI	VE, LAUREL	, MD	2070	7		
	JAMES M. DIXON 20e. METHOD OF DISPOSITION 15 Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Campelary, Cremetory, Cremetory, Counter place) FT. LINCOLN CEMETERY 7/12 BRENTWOOD, MAI											
	21. SIGNATURE OF FUNERAL SERVICE LIGHT											
	22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOM 7601 SANDY SPRING ROAD, LAUREL, M											
	23. PART I. Enter the diseases, or complete from that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fellage. List only one cause a each line.											
	ahock, or heart fellure. List only one causes a each line.											
	disease or condition resulting in deeth)	Comercia	tive H	E	- len	4 -						
	resolding in death)	DUE TO OR AS	A CONSEQUENCE O	F):	2 1	242				1		
z		Longe 1	A CONSEQUENCE O	andle	cul 2	Enfa	retion					
RTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE O	F):								
3	CAUSE (Disease or Injury											
H	that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):								
ш	resulting in death) LAST											
MEDICAL C	PART II. Other significent conditions	contributing to deeth t	out not resulting	in the un	nderlying	ceuse given in	Part I. 24s. WAS AN PERFOR		100	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
							1 _ YES 2	□ NO		OF DEATH?		
	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF	DEA	TH Y	ES NO				1 YES 2 NO		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		071100	_	CE OF DEATH (Ch	eck only one)					
IS		1 Inpatiant 2 ER/Out	patient 3 🗆 DOA	OTHER 4 Nun		5 🗆 Residence	6 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF JURY	28c. INJU WOR	FRY AT	28d. DESCRIBE HOW I	NJURY OCC	URED			
BY	1 Netural 5 Pending 2 Accident Investigation			М	1 🗌 Y	ES 2 NO						
ED E	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, stc. (Spe	f — At home, term,	street, fact	tory, office		281, LOCATION (Street a City or Town, State)	and Number o	or Rural Ac	oute Number,		
	4 Homicide determined						, state)					
1	29a. CERTIFIER t CERTIFYING PHYSICIA	AN: To the best of my know	rledge, death occurr	ed at the t	lme, data e	and place, end due	to the cause(e) end mar	ner se state	d.			
COMPLET	one) 2 MEDICAL EXAMINER:									and manner se stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER	14				29c. LICENSE NUI				Month, Day, Year)		
BE	Rhot 151	1 un				2930		▶ Þ	Juneo	4 LI		
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATM STEM OF ST.	0-/		-120			17	117		

un 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jaydon Jandon



HOSPITA OR ATTENDING PHYSICIAN: The PAMERAL DIRECTOR: After this certificate many in highers after death with the State

	Ó.		
at. The law requires that the death certificate be executed within a floor death. Page 6 may be retained by the hospital or attending physician.	cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Py		item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
₽ 9	ector,		SIL
Page	al dir.		ner
death.	funera		exami
after	by the	шола	ical
SUDO	d in t	Or re	med
T.	y fille	tion,	the
within	npletely	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
cuted	100 p	urial.	tic e
e exe	an an	d of	пша
ate b	NySici	prior	r tra
ertific	ng ph	giene	othe
ath ce	tendii	al Hy	10 ·
he de	the at	Ment	njury,
that th	d by	and I	my in
ires t	Signer	-lealth	WS 3
redu	неен	1 10 .	shor
WE GW	has b	Dept	23
1	cate	State	item

0r h

marked,

.09

28

fem

HE PLINERAL THE PRINCE TO IN CHEMINE IN IN

2 2 2 ₹

BY

ETED

9

BE

2

ges 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARY YEAR OD7 SEBASTIANO (Maria Disebastian 15:20 994 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 83 216-09-2130 1 M 2 K F 10-21-1910 Italy 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Samaritan Hospital Balto. 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Md. XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3401 Woodning Ave. U.S.A. 21234 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, specify Cuban, Maxican, Puerio Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 X Married Specify: White ВҮ 1 TES 2 X NO Specify. 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Seamstress Tailoning 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname Giuseppe Chianamonte Anna Parinella 19a, INFORMANT'S NAME (Type/Print) Carmine DeSebastiano Woodring Ave. Balto. .Md. 20s. METHOD OF DISPOSITION

**X Burlal 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Parkwood Cem. 7/10 Balto .. 22, NAME AND ADDRESS OF FACILITY
Hartley Miller Funeral Home
7527 Harford Rd. Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 200 21234 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition andiac Arrest resulting in death) Fibrilation PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated evente resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE therapy Breast 1 | YES 2 X NO DF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 02 Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 - YES 2 X NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 26d, DESCRIBE HOW INJURY OCCURED 1 X Natural 1 YES 2 NO Investigation 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide

29a. CERTIFIER (Check only 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 07/14/1994 CAUSE OF DEATH (ITEM 27) (Type, Print) 21239 Tuhammad-Good ams. 6501 Lock 31. DATE FILED (Month, Day, Year) 8 1994 OHMH-16 Ray 1/89 Vily I

1 6	1. DECEDENT'S NAME (First, Middle, Last	Tunne H	izabeth .	Drumhelle	٢	2. DATE OF DEATH	15 9	3. TIME OF DEAT			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	BIRTHPLACE (State or Fo.			
	164-22-0642	1 M 2XXF 7	71 YRS.	YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country, 10/31/1999 POV							
	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF D		9c, COUNTY	Pennsylvan			
œ	Johns Hopkins Ba		P Contak				54, 0001111	or busyli			
읝	RESIDENCE OF DECEDENT	igozen mearca	x center	Ducu	more Cit	y					
DIRECTOR	10a. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR LOCA	TION		tod. INSIDE				
	Maryland	Baltimore			Dun	rdalk 1 res					
7	10s. STREET AND NUMBER			16	H. ZIP CODE		OF WHAT COUNTRY?				
ER	2726 Creston Ro	ad			2122	2	Ilm;	ted States			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DE		NIC ORIGIN? (Specify Ye		. RACE — American India			
	1 Never Married 2XXMarried	FORCES? 1 YES			pecify Cuban, Maxica S 2) (NO Specif	an, Puerto Rican, atc.)		Black, White, atc. Specify:			
BY	3 Widowed 4 Divorced					,		Whit			
8	15. DECEDENT'S ED (Specify only highest gred	UCATION to completed		USUAL OCCUPAT		16b, KIND OF B	USINESS/INDUST	TRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	lost or wonung	1000					
BE COMPL	11th Grade		Home	emaker		Own	Home				
	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First, Middle, Maide					
	Scott Peters				Barb	ara McAhee					
	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street		Route Number, City or To		de)			
임	Ralph Drumhell	On	275	26 CHONT	on Road	Dundalk.	Manuela	nd 21222			
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Rec		b. PLACE AND DATE				OCATION - City				
	1 ¹ Burial 2 □ Cremation 3 □ Red 4 □ Donation 6 □ Other (Specify)	movat from Stata ce	Holly Hu	ther place)	Gdns 71			River, MD			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	nong ma				name	MUEL, IVID			
	1 1	H.H.		22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dunda							
	1922 Wise Ave. Dundalk, Maruland 21										
	Shock, or heart fellure	. List only one cause on	each line.								
	IMMEDIATE CAUSE (Finel disease or condition	nde -n	10000	Onset an							
	disease or condition										
	DUE TO (OR AS A CONSEQUENCE OF):										
				F):							
0	Sequentially list conditions,	b	A CONSEQUENCE O								
ATION	If any, leading to immediate	b	A CONSEQUENCE O								
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE O	F):							
	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	-	F):							
ERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	-	F):							
CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	A CONSEQUENCE O	ਜ): ਜ):	ng ceuse given in	Part I. 24s. WAS A	N AUTOPSY				
CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions the condition of the cause of the ca	DUE TO (OR AS C. DUE TO (OR AS d	A CONSEQUENCE O	F): F): in the underlyli		PERFO	ORMED?	AVAILABLE PRIOR COMPLETION DF			
EDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions the condition of the cause of the ca	b	A CONSEQUENCE O	F): F): in the underlyli	ng couse given in	PERFO	ORMED?	AVAILABLE PRIOR COMPLETION DF OF DEATH?			
MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions the condition of the cause of the ca	DUE TO (OR AS C. DUE TO (OR AS d	A CONSEQUENCE O	F): F): in the underlyli		PERFO	ORMED?	AMAILABLE PRIOR COMPLETION DF OF DEATH?			
AN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition of the condit	DUE TO (OR AS C. DUE TO (OR AS d	A CONSEQUENCE O	in the underlyli		PERFC 1 PES	ORMED?	AMAILABLE PRIOR COMPLETION DF (OF DEATH?			
SICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition of the condit	DUE TO (OR AS C. DUE TO (OR AS d. DOES CONTRIBUTING to deeth	but not resulting	In the underlyle	1 O DON	PERFC 1 VES	ORMED?	AMILABLE PRIOR COMPLETION DF (OF DEATH?			
SICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition of the condit	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DOES CONTRIBUTING to deeth CU NOSPITAL: Lipetlant 2 = ER/Out 28e. DATE OF INJURY	but not resulting	in the underlyle	1 O DON	PERFC 1 YES teck only one) 6 Other (Specify)	PRMED? 2 2 5 00	AMAILABLE PRIOR COMPLETION DF (OF DEATH?) 1 YES 2			
PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition STATE OF CONTROL OF	DUE TO (OR AS C. DUE TO (OR AS d. Due TO (OR AS Due TO (OR AS Due TO (OR AS Due TO (OR AS Due TO (OR AS Due TO (OR AS Due TO (OR AS	but not resulting	In the underlyling the underlyling to the underlyling No the underlyli	PLACE OF DEATH (C/	PERFC 1 VES	PRMED? 2 2 5 00	AMAILABLE PRIOR COMPLETION DF (OF DEATH?) 1 YES 2			
BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition PART II. Other algni	DUE TO (OR AS C. DUE TO (OR AS d. DOES CONTRIBUTING TO GENTLE DOES CONTRIBUTING TO GENTLE MOSPITAL: MOS	but not resulting	In the underlyle 26. F OTHER: 4 Nursing No BE OF JURY M 1	PLACE OF DEATH (CF	PERFC 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW	PAMED? 2 2 10 2 1NJURY OCCUR	AMILABLE PRIOR COMPLETION DF 6 OF DEATH? 1 YES 2			
ED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition PART II. Other algni	DUE TO (OR AS C. DUE TO (OR AS d. DOES CONTRIBUTING TO GENTLE DOES CONTRIBUTING TO GENTLE MOSPITAL: MOS	but not resulting CLSCVOV TOCKVOV tepstlant 3 DOA 28b. TIM	In the underlyle 26. F OTHER: 4 Nursing No BE OF JURY M 1	PLACE OF DEATH (CF	PERFC 1 YES teck only one) 6 Other (Specify)	PINJURY OCCUR	AMAILABLE PRIOR COMPLETION DF (OF DEATH? 1 YES 2			
ETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART III. Other algnificant condition PART II. Other algn	DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	but not resulting CASCA OV TOCKA C tepetiant 3 DOA 28b. TIM IN. TY — At home, farm, ecity)	F): In the underlylic 26. F OTHER: 4 Nursing No 8E OF 28c. IN JURY 1 streat, fectory, off	PLACE OF DEATH (CI	PERFC 1 YES 1 YES 1 YES 2 Other (Specify) 2 Ed. DESCRIBE HOW 2 Ed. LOCATION (Stree-City or Town, State	INJURY OCCUR	AMILABLE PRIOR COMPLETION DF (OF DEATH? 1 YES 2 RED Rural Route Number,			
ETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition of the condit	DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS DUE T	but not resulting CLSCVOV TOCKVOV tepetiant 3 □ DOA (28b. TIM IN. TY — At home, farm, ecity)	In the underlyle 26. F OTHER: 4 Nursing No 8E OF 26c. In JURY M 1 streat, fectory, off	PLACE OF DEATH (CI me 5 Rasidence JURY AT ORK? YES 2 NO ca	PERFC 1 YES 1 YES 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28d. LOCATION (Stree-Chy or Town, State	INJURY OCCUR	AMAILABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2 RED Rural Route Number,			
OMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition of the condit	DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	but not resulting CLSCVOV TOCKVOV tepetiant 3 □ DOA (28b. TIM IN. TY — At home, farm, ecity)	In the underlyle 26. F OTHER: 4 Nursing No 8E OF 26c. In JURY M 1 streat, fectory, off	PLACE OF DEATH (CI me 5 Rasidence JURY AT ORK? YES 2 NO ca	PERFC 1 YES 1 YES 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28d. LOCATION (Stree-Chy or Town, State	INJURY OCCUR	AMILABLE PRIOR COMPLETION DF 6 OF DEATH? 1 YES 2 1			
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition of the condit	DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR A	but not resulting CLSCVOV TOCKVOV tepetiant 3 □ DOA (28b. TIM IN. TY — At home, farm, ecity)	In the underlyle 26. F OTHER: 4 Nursing No 8E OF 26c. In JURY M 1 streat, fectory, off	PLACE OF DEATH (CI me 5 Rasidence JURY AT ORK? YES 2 NO ca	PERFC 1 YES 1 YES 6 Other (Specify) 26d. DESCRIBE HOW 26l. LOCATION (Stree-City or Town, State) a to the cause(a) and months of time, data and place, 4	INJURY OCCUR	AMILABLE PRIOR COMPLETION DF 6 OF DEATH? 1 YES 2 1			
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Ves 2 NO 27. MANNER OF DEATN 2 Accident Investigation investigation detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER MEDICAL EXAMINER	DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR A	but not resulting CLSCVOV TOCKVOV tepetiant 3 DOA 28b. TIM IN. TY — At home, farm, ecity)	In the underlyle 26. F OTHER: 4 Nursing No 8E OF 26c. In JURY M 1 streat, fectory, off	place of DEATH (Cr me 5 Rasidence JURY AT ORK? YES 2 NO ca a and placa, and due death occurred at the	PERFC 1 YES 1 YES 6 Other (Specify) 26d. DESCRIBE HOW 26l. LOCATION (Stree-City or Town, State) a to the cause(a) and months of time, data and place, 4	INJURY OCCUR	1 YES 2 I			
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Naturel 5 Pending Investigation 29 Accident Investigation 3 Suicide 6 Could not be detarmined detarmined (Check only one) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TIFLE OF LETTER	DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR A	but not resulting CLSCV OV TOCK V Inpetiant 3 DOA 28b. TIM TY — At home, farm, ecity) wiedge, death occurr ion and/or investigation	in the underlyli 28. F OTHER: OTHER: University M 1 street, fectory, offi red at the time, der	PLACE OF DEATH (C/me 5 Rasidence UJURY AT ORK? YES 2 NO ca a and placa, and due death occurred at the	PERFO 1 YES 1 YES 1 YES 26. DESCRIBE HOW 26. LOCATION (Street City or Town, State) a to the cause(a) and monotime, data and placa, a MBER	INJURY OCCUR It and Number or is enner as stated. and dua to the c.	AMILABLE PRIOR COMPLETION DF (OF DEATH? 1 YES 2 1 RED Rural Route Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Naturel 5 Pending Investigation 29 Accident Investigation 3 Suicide 6 Could not be detarmined detarmined (Check only one) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TIFLE OF LETTER	DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS MOSPITAL: 1 Nimpetlant 2 ER/Out 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY SICIAN: To the best of my knowner. SICIAN: To the best of my knowner. SICIAN: To the best of axeminether.	but not resulting CLSCV OV TOCK V Inpetiant 3 DOA 28b. TIM TY — At home, farm, ecity) wiedge, death occurr ion and/or investigation	In the underlyling the street, factory, officed at the time, defending my opinion,	PLACE OF DEATH (C/me 5 Rasidence UJURY AT ORK? YES 2 NO ca a and placa, and due death occurred at the	PERFO 1 YES 1 YES 1 YES 26. DESCRIBE HOW 26. LOCATION (Stree-City or Town, State a to the cause(a) and motime, data and placa, a	INJURY OCCUR	AMILABLE PRIOR COMPLETION DF (OF DEATH? 1 YES 2 RED Rural Route Number,			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR

_	1
	d
	١
	1
-	
	H
- 0	4
တ	
4	3
Ť	4
m	н
•	
-	
BOX 13146,	1. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
\Box	
=	
ш	
	1
~	ľ
0	
о. О	•
RECORDS,	
~	
CC.	
-	•
\circ	
73	
O	
ш	
==	
<u> </u>	
_1	
-	
VITAL	
_	
-	
OF	
~	
v	
7	
=	
0	
DIVISION	
S	
_	
>	
0	

	HEGISTHAH				CERTII	IOAII	_ 01	DLA	11		HEG. NO.	_	_	
!	1. DECEDENT'S NAME (First) EMMA	t, Middle, Last) RUTH	n .	AVIS						2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH 2:45 PM
	4. SOCIAL SECURITY NUMBER		5. SEX		yrs. lest birthday	# IMPE	R 1 YEAR	# UNDER	24 MDS	Jul 7. DATE OF		. 19		IPLACE (State or Foreign
	214-36-08		1 M 2 F	81	YRS.	MONTHS	T	HOURS	WIN.	(Month, I	Day, Year)		Countr	γ)
	Sa. FACILITY NAME (If not in	nathutian aha a				Ob CIT	V TOWN	OR LOCATION	ON OF DE		13-1		NTY OF D	EATH
œ				000.0		30.01		ERST			1			
6	WASHINGT	CEDENT	ONTY HO	DSPIT	AL	<u> </u>	naG	EKOI	OWIN			W.F	SHI	NGTON
DIRECTOR	10a. STATE	10b. COUNT	Υ		10c. C	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
ā	MD.	WASH	INGTON		Н	AGER	RSTO	WN						1 X YES 2 NO
ERAL	10e. STREET AND NUMBER						10	H. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
	407 NORT	H JON						217	40				II.S	
FUN	11. MARITAL STATUS 1 Never Married 2	Mandad	12. WAS DECEDED	NT EVER IN U	2 ARMED	13.	If yes, s	CENDENT C	of HISPAN	ilC ORIGIN? n, Puerto Ric	(Specify Yes	or No—	14. RACI Blac	E — Amarican Indisn, k, Whita, etc.
	3X Widowed 4 Dive		IF YES, GIVE	WAR OR DATE	ES			8 2.X NO					Spec	BLACK
בם בם	15. DEC	CEDENT'S EDU	CATION	1	6a. DECEDENT	S USUAL (OCCUPATI	ION		16b. †	IND OF BUS	INESS/IN	DUSTRY	
	(Specify on Elementary/Secondary (ly highest grade	completed) College (1-4 or 5	+1	life. Do NOT	use retired.	.)	ost of workli	_					
COMPLET	8 TH	,		"	WASHI	NGTO	N C	OUNT	Y H	EAD :	START	r c	HIL	D CARE
Š	17. FATHER'S NAME (First, A	Middle, Last)						18. MOT	HER'S NA	ME (First, Mi	ddle, Maiden	Sumame)		
ш	CHARLES	B. W	ILKERSO	N				MY	RTL	E JO	NES			
TO B	19a. INFORMANT'S NAME (19b. MAILI	G ADDRES	\$\$ (Street	and Numbe	or Rural I		r, City or Town			21740
F	GERALD B	. DAV	IS		407	MOR	प्य	IONA	mir.	N CE	HAGE			
	20a. METHOD OF DISPOSIT	TION Ion 3 🗆 Rem	oval from State	20b. F	PLACE OF DISP other place)	OSITION (A	Name of ca	emetery, crei	natory or	01				N, MD.
ĺ	4 Donallon 5 Othe		Δ	R	OSEHI			7-1			11111	211(0	1011	N/HD.
	21. SIGNATURE OF FUNER	AL SERVICE U	CENSES OF	4		G	ARY	L.	ROL	LINS	FUNI	ERAL	НО	ME 21701
	GARY L. ROLLINS FUNERAL HOME 2170													
														Approximeta Interval Between
- 1	ehock, on the ent fellure. List only one cause on each line.												Onset and Death	
	IMMEDIALE CAUSE (Fine)												5-7 days	
	DUE TO (OR AS A CONSEQUENCE OF):													
NC	Sequentially list conditions. Severe Aortic Stenosis and Regurgitation 6											6-8 years		
Ě	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Arteriosclerotic Heart Disease yea													
RTIFICATION	CAUSE (Diseese or In				CONSEQUENCE		r nT:	sease						years
E	that Initiated events resulting In death) LAST d.													
CEI	d												b. WERE AUTOPSY FINDINGS	
EDICAL	mammer of the control											RMED?	- 1	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ă											1 YES 2	ХМю		OF DEATH?
Σ											1 TYES 2 NO			
AN	25. WAS CASE REFERRED	TO MEDICAL					26.1	DI ACE OF	DEATH /C	heck only one				
SICI	EXAMINER?	TO MEDICAL	HOSPITAL:	☐ 59/0 tne	tions 3 🗆 DOM	ОТН	ER:							
PHYS	27. MANNER OF DEATH		28e. DATE C	OF INJURY	26b.	TIME OF	28c. II	NJURY AT	esidence	8 Other	CRIBE HOW	NJURY O	CCURED	
	AAV.	Pending investigation	(Month,	Day, Year)		INJURY M	W	VORK? YES 2	□ NO					
D BY	2 Accident 3 Suicide	Could not be		OF INJURY - g, etc. (Spec//	Ai home, fari	n, street, fo	actory, off	lice			TION (Street or Town, State,		er or Rurai	Route Number,
ш	4 Homicide	determined	Guitano	g, etc. (opeca	77					Sily 6	iown, orane,			
LET	29e. CERTIFIER	of my knowle	dge, death occ	urred at the	e time, da	its and place	e, and du-	e to the cau	ee(a) and ma	nner as st	ated.	· -		
COMPL	000)	DICAL EXAMIN	ER: On the basis of	examination	and/or investig	itlon, in m	y opinion,	death occ	ured at the	e ilme, data	and place, a	nd due to	the cause	(a) and manner as stated.
	296. SIGNATURE AND TITE				29c. Life	ENSE NU	IMBER		29d. D/	TE SIGNE	EO (Month, Day, Year)			
BE	CBU	. Ch	1. Di	Heri	-				0010	62		•	Jul v	11, 1994
2	30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CA	WSE OF DEA	TH (ITEM 27) (7	rpe, Print)								- 1
	Edward W. 1	Ditto,	III, M.	D. 2	217 W.	Wash	ingt	on S	t.	Hager	stown	, Md	. 2	1740
	31. DATE FILED (Month, De	y, Ybar)	32. REGIST	RAR'S SIGNA	TURE									
	JUL 181	1994	This Das	invol	whell									
			V											DHMH-16 Rev 1/8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

PPTD.

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 687604

CONTRIBUTION ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.	In the fundable of the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1	be lies within 72 hours after death with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ING PHYSICI	ifter this cent	eath with the	marked, 6
S ATTENDI	RECTOR: A	urs after de	m 28 is
PITAL OF	ERAL DIF	in 72 hou	T: If Ites
三角	TI THE	the filed with	IMPORTAN

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) CHAFLES	EBER							2. DATE OF OEATN MONTH	DAY	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER			R 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	222-10-7316	1 🕅 M 2 🗆 F	85	5 84 YRS. MONTHS DAYS			HOURS	MIN.	(Month, Day, Year) 9-29-09		MAR	YLAND
~	Sa. FACILITY NAME (If not inatifution, give at		. 00		_			ON OF DE	EATH		JNTY OF O	
DIRECTOR	BAMMORE VA	- MEDIC	MU	ENTER BALTMORE BALL						KMM	one city.	
RE	10s. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?
	MARYLAND			BALTIMORE								1 YES 2 NO
RA	100. STREET AND NUMBER 837 S. MONTFORE	AVENIII	-			-	122			11112	SA	VHAT COUNTRY?
	11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S. A	RMED	13. 1				IIC ORIGIN? (Specify Y			— American Indian,
BY FUNERAL	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	YES 2 NAR OR DATES	NO	T I	f yes, sp		in, Maxica	n, Puerto Rican, etc.)		Speci WHI	r, White, etc.
	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)		ECEDENT'S I	rork done d	CUPATIO	ON st of world	ng	16b, KIND OF B	USINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 12 YEARS	College (1-4 or 5	+)	ELF E		OYE	D					
Š	17. FATHER'S NAME (First, Middle, Last)			11.6			- 10-10-10		ME (First, Middle, Maide	n Surname)		
BE	CHARLES EBER								RINE			
2	190. INFORMANT'S NAME (Type/Print) MRS. MARY EBER			37 S					Route Number, City or To ENUE BAL			21224
	20a, METHOD OF DISPOSITION 1	oval from State	20b. PLACE SACR	AND DATE O	F DISPOSI	ITION (NE		7- SUS	- 10	OCATION -		
	22. PART I. Enter the diseases, or populations and removal from State Semestry Crematory or nibercriace of the mode of dying, such as cerdiac or respiratory erreat, Approximation and provided the such as the mode of dying, such as cerdiac or respiratory erreat, Approximation and provided the such as the mode of dying, such as cerdiac or respiratory erreat, Approximation and provided the such as the mode of dying, such as cerdiac or respiratory erreat, Approximation and provided the such as the											
RTIFICATION	ahock, or heart failure. Lest only one cause on each line. Interval Between Onset and Death Death Onset and Death Death Death Death Death Death Death Death D											
5	PART II. Other algoriticant condition	a contributing to	deeth but not	resulting is	n the un	derlyln	CRITTO	alven In	Part I 24a was a	N AUTOPSY	1 245	WERE AUTOPSY FINDINGS
DICAL	DIMBETES MED			t not resulting in the underlying cause given in P					PERF	DRMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ᄬᅵ	CIRRHOSIS									2 Seno		OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			-	_	26 Pt	ACE OF I	EATN (C)	eck only one)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER	1:			6 Other (Specify)			
HÀ	27. MANNER OF DEATH	28a. DATE OF (Month,)		28b. TIME	OF	28c. INJ		N/A	28d. DESCRIBE NOW	INJURY O	CCUREO	
BY	1 Natural 5 Pending 2 Accident Investigation	N/	A	NI	7 M	10	/ES 2 [NO	NIA	1		
	3 Suicide 6 Could not be determined	26a. PLACE (building,	of INJURY — At h atc. (Specify)	ome, farm, st	treet, facto	ory, offic			261. LOCATION (Street City or Town, State	(and Numb		Toute Number,
3 Success 4 Homicide 4 Homicide 29e. CERTIFIES 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place are the time, data and place are the time, data are the time, data and place are the time, data are the time, da										and manner as stated		
BE	296. SIGNATURE AND TITLE OF CERTIFIER			7)				ENSE NUI		_		(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAL	SE OF DEATH (IT	EM 27) (Type,	Print)	105		0-	2 5 / 2	1 -	7/13	21201
	31. DATE-FILED (Month) Day, 1647	32 REGISTA	R'S SIGNATURE		ν η :	USPI	IIn	- "	2. S. GREE	Ne	57.	DACT, MO
	- 0 1007	The war	-ar Marks	99.						-		



attending physician. use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLET	OMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	OMP
examiner must be notified at once.	T: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	11 11 11
al.	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	12 h
he funeral director, page 5 should be detached for L	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for t	ERAL C
r death. Page 6 may be retained by the hospital or	INTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a noun after death. Page 6 may be retained by the hospital or	PIAL

	OTATE	0.5	*******		4 1							
	SIAIF	UF	MARTL	ANU	/	UEPAKII	MENI	UF	HEALTH	AND	MENTAL	HYGIENE

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ARTMENT IFICATE			MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)		OLITT	ITIOATE	01 0.	LAIII	2. DATE O	F DEATH			3. TIME OF DEATH	
	LEOPOLD	ELBERT					MONTH 7	1 1		EAR	7:10 PM	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthde			UNDER 24 HRS.	7. DATE O	BIRTH	8.	BIRTH	LACE (State or Foreign	
	133-74-9694 9e. FACILITY NAME (If not institution, give si	1 X M 2 F	87 YRS			OCATION OF DE	Apri	1 22	2,1907		ssia	
œ	Stella Maris Hos	,		Ju. Cirri,	Tows		CAIN	TH 9c. COUNTY OF DEATH Baltim				
8	RESIDENCE OF DECEDENT	-										
DIRECTOR	Maryland 10b. COUNTY	Baltimore	10c.	сту, тоwн о Rei	isters	stown					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 114 E. Chestnut I	Hill Lane	<u> </u>		101. ZIP	1136	10g. CITIZEN O				F WHAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. \	WAS DECEND	ENT OF HISPAN	NIC ORIGIN?	(Specify Yes	or No 14	RACE	American Indian,	
BY F	1 Never Merried 2 Merried 3 XWIdowed 4 Divorced	FORCES? 1 YES	2. ANO ATES X	1		Cuben, Mexice	en, Puerto Rk			Black, Specify	White, etc.	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16e. DECEDEN	T'S USUAL OC	CCUPATION		16b, R	IND OF BUS	SINESS/INDUS	TRY	WILLCE	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	of work done of use retired.)	_	working						
E COM	17. FATHER'S NAME (First, Middle, Last) Morris Elbert No.	ishe Elbert				MOTHER'S NA	AME (First, Mic	idle, Maiden	Surneme)			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS	(Street and N	lumber or Rural	Route Number	City or Town	n, State, Zip Co	de)	.m. 03306	
임	Mr. Michael Elber		114	E. Cr	nestnu	t Hill	Lane	Reis	tersto	wn,	MD 21136	
	20e_METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remided Description 5 Other (Specify)		PLACE AND DA	or other plece)			DATE		CATION City			
	M. SIGNATURE OF FUNERAL SERVICE LIC	ENSE	Arlingt	on-Chi	LZUK A	MUNO-/	-13-9	4 Bal	timore	, M	D	
ŀ	22. NAME AND ADDRESS OF FACILITY Sol Levinson & Bros., Inc. 6010 Reisterstown Road Baltimore, MD 2121											
	25 PART / Efter the diseases or o	omplications that ceuses	d the death. D	o not enter	the mode of	of dying, suc	ch as cardia	c or reapi	ratory arrest	TINO	Approximete	
	35 PART I Emer the disease or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one ceuse on each line.											
	disease or condition	CANCER	LOFB	ILIA	RY]	PARC	7				74mos.	
	disease or condition resulting in death) a. CANCER OF BILIARY TRACT DUE TO (OR AS A CONSEQUENCE OF):											
S S	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
TA	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	CONSEQUENCE	: OF):								
CERTIFICATION	CAUSE (Disease or injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):				-				
	resulting in deeth) LAST	d.										
- 11	PART II. Other significent condition	s contribution to death b		m le the con	4-1-1		5 T.					
S	TANT II. Other significant condition	s contributing to death b	out not reeditir	ig in the un	ideriying ca	iuse given in		4a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE	
								YES 2	NO		OF DEATH?	
Σ	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE C	F DEAT	'H YES	□ NO					1 YES 2 NO	
A P	25. WAS CASE REFERRED TO MEDICAL					OF DEATH (Ch						
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Outp	entient 3 DO/	OTHER 4 Num	D .	Reeldence		Specific F	lospic			
<u>₹</u> ∥	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b.	TIME OF	28c. INJURY		Y		NJURY OCCUR			
BY	1 Netural 5 Pending 2 Accident Investigation	(WORRI, Day, rear)		M	WORK?	2 NO						
	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferr	n, street, fecto	ory, affice			ION (Street e Town, State)	and Number or	Rural Ro	oute Number,	
ן ע	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occ	urred at the fi	lme data and	place, and due	to the court	(s) and man				
3 Suicide 4 Homicide 5 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner ee started. 29b. SigNature and Title OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								end mennar ee stated.				
								72.75.75.75.75.75.75.75.75.75.75.75.75.75.				
) BE	Chendall 2	faulkne	umi)	1	1256	43		▶ 7/	12	194	
2	30. NAME AND ADDRESS OF PERSON WHO				77	11	1 m		100	212		
	Dr. Kendall R. 31. DATE FILED (Month, Day, Yeer)	Faulkner, MD		uLan	ey Va.	lley Ro	d., To	wson,	, MD	2120	J4	
		die Tries in										

04109 di

7

14 11 113 11

0.00 Pc*

020	physicia
, MARYLAND 21215-0020	hospital or attending physicia
Ξ.	0
	hospital
A	the
$\overline{}$	Š
MAR	6 may be retained by the h
64	2
쀭	May
0	9
Σ	th. Page 6
BALTIMORE	rs after death.
m	after
	OURS
760,	within
7	8

	aff	3	윤	3
	S	.⊆	100	9
	8	P	0	E
		=	ion	ë
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	黄	tely	mat	1
0	\$	ple	9	e
76	20	E	-	\$
8	5	p	- E	2
9	900	S	0	13
×	92	E	F T	3
õ	9	Sic	5	15
0.0	Ca	E	9	-
o`	ē	9	je.	듬
\sim	2	ğ	¥	-
ц.	æ	116	70	0
ທົ	9	63	en ma	5
	the	\$	2	Ē
α	al.	3	a	>
0	=	per	5	등
O	res	500	69	50
Ш	9	=	-	9
α	5	pee	0	649
4	6	52	de	23
A	100	-	9	E
	-	Cal.	Stat	e
>	IA	1	e	5
1	Sic	8	E	-
0	¥.	SILS	慧	9
7	0	10	5	3
\overline{c}	N	4	ea	E
=	8	å	19	649
2	E	6	afte	28
>	A	3	53	E
$\overline{\Box}$	Ö	0	절	2
	AL	AL	2	*
	9	E	9	岜
	Š	5	N.	×
	14.1	3	D	8
	Ė	E	벁	2
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	3	Ξ
				IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medica
4				-

ours after death. Page 6 may be retained by the hospital or attending physician.	pletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should remainn, or removal.	
J	NR: After this certificate has been signed by the attending physician and completely filled ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF I		NENTAL HYGIEN	E		
1	1. DECEDENT'S NAME (First, Middle, Last) RU SSELL			,	2. DATE OF DEATH DATE OF THE D	94	031 a M	
	4. SOCIAL SECURITY NUMBER 98. FACILITY NAME (If not inglitution, give	5. SEX 6. AGE (In 173.	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	22 1/	ORTHPLACE (State or Foreign day)	
DIRECTOR	AESIDENCE OF DECEDENT	med Cent	tec BA	TEMOY	1.7	9c. COUNTY	of geath	
	Manyland 10b. COUNT	Y	10c. CITY, TOWN OR LOCA	MOY C	V		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	39456RE	enmount	Ave.	21218	2	11.	S A S	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	NO If yea, a	CENDENT OF HISPANI Decify Cuben, Maxican, S 2 10 Specify:	C ORIGIN? (Specify Yes , Puarto Rican, etc.)	or No- 14.	RACE — American Indian, Black, Whitey atc.	
COMPLETED	15. OECEDENT'S EOL (Specify only highest grade Elementary/Secondary (0-12)	CATION 16a. College (1-4 or 5+)	DECEDENT'S USUAL OCCUPATI (Give kind of work done during m life. Do NOT use retired.)	ON ost of working	16b. KIND OF BUS	SINESS/JINDUST	teel	
BE CO	17. FORMET'S PLANE (FINE), MIGHIN, LAND	Fisher		Con	E (First Middle, Meiglen	F15	her	
5	Mrs. G/A045	Fisher	196. MAILING ADDRESS (Street	3n moun	STARE.	SAIR	Shipping.	
	20a. METHOD OF DISPOSITION 1	lovel from State	EAND DATE OF DISPOSITION (N	Cem	7/19 13	AID .	or Tought State	
	21. SECHATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY S.S. F-UNERIAL HOME 23.332 (U. North Aug. Baltom) 2136							
	23. PApr i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final							
	disease or condition resulting in death)	a. B/L AT	BRAL PA	EUMONI	4		2 weeks	
TION	As a consequence of: BLATTRAL PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): Could be a consequence of conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): BEFINATORY FOLLURE DUE TO (OR AS A CONSEQUENCE OF): WINDLIFY DUE TO (OR AS A CONSEQUENCE OF): WINDLIFY DUE TO (OR AS A CONSEQUENCE OF): WINDLIFY DUE TO (OR AS A CONSEQUENCE OF): WINDLIFY DUE TO (OR AS A CONSEQUENCE OF): WINDLIFY DUE TO (OR AS A CONSEQUENCE OF): WINDLIFY DUE TO (OR AS A CONSEQUENCE OF): WINDLIFY DUE TO (OR AS A CONSEQUENCE OF): WINDLIFY DUE TO (OR AS A CONSEQUENCE OF): WINDLIFY DUE TO (OR AS A CONSEQUENCE OF): WINDLIFY DUE TO (OR AS A CONSEQUENCE OF): WINDLIFY DUE TO (OR AS A CONSEQUENCE OF): WINDLIFY DUE TO (OR AS A CONSEQUENCE OF): WINDLIFY DUE TO (OR AS A CONSEQUENCE OF): WINDLIFY DUE TO (OR AS A CONSEQUENCE OF): WINDLIFY DUE TO (OR AS A CONSEQUENCE OF): WINDLIFY DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	that initiated avants	c. DUE TO (OR AS A CONS		ron			sugs	
	resulting in death) LAST	d,					Coper	
DICAL		Mellilus	MULTIPLE	DEMBIN	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC	ASEUD (A-900	INTREFED PRODUCTION	USLAUR	in	Ì	1 TYES 2 THO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. P	LACE OF DEATH (Chec				
ЭНУ	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIME OF 26c. IN.	na 5 Raeldence 6	Other (Specify) 28d. DESCRIBE HOW II	JURY OCCURE	D	
ВУ Б	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1	YES 2 NO				
ETED	3 Suicide 8 Could not be 4 Homicide datarmined	28s. PLACE OF INJURY ← At building, atc. (Specify)	home, farm, street, factory, offic	in .	26f. LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,	
COMPLETED	(Check only one) CENTIFIER CENTIFICATION ONE)	AN: To the best of my knowledge,	death occurred at the time, date or investigation, in my opinion, o				use(a) and manner as stated.	
出	396. SIGNATURE AND TITLACH CERTSH	"Cofue	MO	29c, LICENSE NUME			NED (Month, Day, Year)	
욘	30. NAME AND ADDRESS OF PERSON WE			2			, , ,	
-	31. DATE FILED (Month, Day 997)	The second second	D.					

MODILITY TO SUDLION

Dioseta Miller Muranic Denisius 1 Rinal Facture Merces Presidens 1 NSCUD, ATI. DIED ENSIMENTON

Editor are

OHMH-16 Rev 1/89

2
2
7
2
\geq
α
V
Σ
W
5
2
2
\vdash
BAL
× ×
m
0
9
7
28
_

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				YGIENE EG. NO.	
		1. DECEDENT'S NAME (First, Middle Last)	aldine		-		2. DATE OF MONTH		YEAR LO! (SA M
9		4. SOCIAL SECURITY NUMBER 218-26-8490	5. SEX 6. AGE (-	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	BIRTH 8	BALTO . , MD
2. 3 should	FOR	99. FACILITY NAME (If not institution, give si CHURCH HOME H		9		IMORE	EATH	9c. COUNT	Y OF DEATH
t. Pages 1,	DIRECTO	100. STATE 10b. COUNTY MARYLAND	,		TOWN OR LOCAT			7-1	10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO
n. ansit permit.	IERAL	100. STREET AND NUMBER 1237 N. CENTR	AL AVENUE		101	21202	2	10g. CITIZE	USA
5-0020 nding physician. is the burial-transit	BY FUN	t1. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexics 2 X NO Specifi	n, Puerto Ricar		4. RACE — American Indian, Black, White, stc. Specify: Black
2121 al or atte for use a	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5+)	180. DECEDENT'S US (Give kind of wor life. Do NOT use in Transpo	k done during mo retired.)	est of working		to. City	STRY
YLAND 2 by the hospital be detached to		12th 17. FATHER'S NAME (First, Middle, Last) Robert Hardy				18. MOTHER'S NA		vstem e, Maiden Surname)	
MAR retained 5 should	TO B	190. INFORMANT'S NAME (Type/Print) Larry Hardy					Route Number, (City or Town, State, Zip Cimore, N	
20a. METHOD OF DISPOSITION 1 Cometion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other piace) 20c. METHOD OF DISPOSITION 1 Cometery, crematory or other piace) 20c. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other piace) 20c. METHOD OF DISPOSITION 1 Cometery, crematory or other piace) 20c. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other piace) 20c. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other piace)								oc.Location — city or Town, State Baltimore, Maryland	
ALT death.		23. PART Letter the diseases of c	complications that caused	yell popul	4600	LIBERT	Y HEI	GHTS AVE	NERAL HOME ENUE 21207
nou hy filled i ation, or		immediate cause (Final disease or condition resulting in death)	List only one ceuse on e	Ine.		and of dynig, suc	II aa varurat	or reapplatory arres	interval Between Onset and Death
P.O. BOX 6876 In certificate be executed ending physician and complete prior to burial. In this complete the control of the	r other traum	Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):	nu	L me	tarte	Li c	1 month
CORDS, Pres that the death signed by the attenteath and Mental H		PART II. Other eignificent condition	s contributing to deeth b	ut not resulting in	the underlyin	g ceuse given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
L RE law requi	Σ	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH	YES N	0 🗆		1 TES 2 NO
te the P	SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	atlent 3 DOA 4	THER:	LACE OF DEATH (Ch	8 Other (Sp		
T & E > E WE Neture 5 Pending M 1 Ves 2 MO									
OR ATTENDING DIRECTOR: After hours after death	LETED	3 Suicide 8 Could not be determined	building, atc. (Spec	ify)			City or To	wn, Stete)	
THE STATE OF	COMP	nne'				leath occured at the	time, date and	place, end due to the	cause(e) end menner as stated.
THE REAL PROPERTY.	6	30. NAME AND ADDRESS OF PERSON WH	Boud 7.	ATH (ITEM 27) (Type Pr	rigt	0432	35	≥ 7	SIGNED (Month, Day, Year)
		31. DATE FILED (Month, Day, Year)	1	7.0	Ch	urch 1	to sp	ital	
		JUL 1 8 1994	the Tail yo	CHOF					

68760	
BOX	
, P.O.	
ORDS	
L REC	
VITAL	
ION OF	
IVISIO	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH FREDERICK **GREEN** JULY 16,1994 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign 218 22 2804 67 05/31/1927 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1 Dovetail Lane Essex Baltimore County 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore County 1 YES 2 NO permit. Essex FUNERAL 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit Dovetail Lane 21221 U.S.A retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yee, specify Cuben, Mexicen, Puerto Ricen, etc.) YES 2 X NO Specify: ВУ Specify 3 Wildowed 4 Olivorced White 6 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT usa retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig П Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 8 Scale Repair Steel Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Malden Surname) Ħ John B. Green Louisa Bierman BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary L. Green Dovetail Lane Baltimore, Maryland 21221 hours after death. Page 6 may be pe 20e. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Buriel 2 Cremetion 3 Removal from State Holly Hill Dogation 5 Other (Specify) Mem. Gard.7/19/94 Balto. Co., Md. 21. SIG URE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY BRUZDZINSKI FUNERAL HOME P.A. 1407 Eastern Ave Balto., Maryland 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, completely filled in by the removal medical Approximate intervai Between 0 **IMMEDIATE CAUSE (Finsi Onset and Desth** the disease or condition_ non-small cell lung Cance Smouths metastap c event, reaulting in desth) executed with DUE TO (OR AS A CONSEQUENCE OF) burial, other traumatic CERTIFICATION this certificate has been signed by the attending physician and a with the State Dept. of Health and Mental Hygiene prior to buri-Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS law requires that AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? Shows t YES 2 NO ō PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL 1 - YES 2 ND OTHER: ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA HOSPITAL OR ATTENDING PHYSICIAN: 8 Other (Specify) 0 the 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending investigation М 1 YES BY 2 NO IN RECTOR: After 2 Accident 28e. PLACE OF INJURY — building, etc. (Specify) 3 Sulcide At home, farm, street, factory, office 69 281, LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 8 Could not be COMPLETED burs after 4 Homicide 29e. CERTIFIER

(Check only Certifying Physician): To the best of my knowledge, desth occurred at the Ilme, data end place, end due to the cause(e) end menner se stated. (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end piece, and due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) B Marild 18 n 6250 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MATILDA 1447 You 32. REGISTRAR'S SIGNATURE

ė#.(J 8.

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH EDWARD GEORGE GRAY JULY 17 1:55 1994 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs last birthday 7. DATE OF BIRTH (Month, Day, Yea B. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS 1 M 2 F DAYS HOURS MIN. 75 03/25/1919 YRS 215 03 2910 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Fort Howard V.A. Pages 1, 2, 3 Medical Center Fort Howard Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 TES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 7505 Old Battle Grove Road 21222 United States the hospital or attending physician. 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 4√2 YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried 1 TES 2 NO BY Specify: Specify: 3 Wildowed 4 Divorced WW II White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Truck Driver Standard Oil Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) notified at retained by George I. Gray BE Gertrude Zaph 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carroll J. Box 271 Junction. West Virginia 26824-0271 Раде 6 тау be 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, State DATE must Sacred Ht. 4 Donation 5 Other (Specify) Jesus Cem7/20/94 Dundalk, Maruland 06 21. SIGNATURE OF FUNERAL SERVICE LICENSET examiner 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 23. PART I. Enter the diseases, or complications that paused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, med in by the fi medical shock, or heert fellure. List only one cease on each line Interval Batwean ŏ Onset end Daath IMMEDIATE CAUSE (Final the cremation. disease or condition MYOCARDIAL INFARCTION signed by the attending physician and completely Health and Mental Hygiene prior to burial, cremar reaulting in deeth) traumatic event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (DR AS A CONSEDUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate . Enter UNDERLYING CAUSE (Disease or Injury other t DUE TO (OR AS A CONSEDUENCE OF): that initiated evente resulting in death) LAST 50 PART II. Other aignificant conditions contributing to deeth but not reculting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TYES 2 T NO to PHYSICIAN: this certificate has be with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OR ATTENDING PHYSICIAN: The Hem EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Homa 5 □ Residence 8 □ Other (Specify) 1 Inpetient 2 ER/Outpetient 3 DOA marked, or 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending M 1 YES 2 NO BY After 1 3 Sulcide 28s. PLACE DF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 69 COMPLETED FUNERAL DIRECTOR: 4 Nomicide 28 Item 29s. CERTIFIER (Check only A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. HOSPITAL MPORTANT: H 2 MEDICAL EXAMINER: tation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated THE H 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MI 94 ww 15232 5 5 5 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9600 NORTH POINT ROAD, FORT HOWARD, MARYLAND 21052

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RAUL LOPEZ,

M.D.

32. PEGISTRAR'S SIGNATURE

Li Sinden-Rudell

OHMH-16 Rev 1/89

rSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	DUNAL, CIETIANON, OF FEMOVAL.	id, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate b	TO THE HINERAL DIRECTOR: After this certificate has been signed by the attending physici	The man with 72 hours and obtain with the State Dept. of health and Mental hygiene phot to buriat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other tra

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAN		CE	-NIII	ICALE	F DEA	117	RI	EG. NO.			
	t. DECEDENT'S NAME (First, Middle, Last) IDALENE	COT DOTOOTE MONTH DAY YEAR						12:15 P M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs				IF UNDER 1 YEA	JUL					LACE (State or Foreign	
	066–38–5986	89	YRS.	MONTHS DAY	8 HOURS	MIN.	(Month, Day 06/08	(Year))5	CNE	V YORK	
E E	90. FACILITY NAME (If not institution, give si ROLAND PARK PLACE				96. CITY, TOW BALT	N OR LOCAT		EATH		9c. COUN	ITY OF DE	ATH
1 5	RESIDENCE OF DECEDENT											
E E									IOd. INSIDE CITY LIMITS?			
								YES 2 NO				
FUNERAL	830 W. 40TH ST.					212	-			US		AT COUNTRY?
1 2	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1						IIC ORIGIN? (Sp		or No —	14. RACE -	- American Indian, White, etc.
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				ES 2 NO			, attacy		Specify	
<u>B</u>	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL OCCUP	ATION	ina	16b. KINI	OF BUS	NESS/IND	USTRY	
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5+)		USEW.	work done during se retired.) LFE	most of work	my	AT	HOME			
N O	t7. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle	, <i>Maid</i> en S	Surname)		
BEC	CHARLES	KUPP	ERMAN				ANNA	A			SHERM	IAN
2	190. INFORMANT'S NAME (Type/Print) HARVEY GOLDSTOCK				ADDRESS (Stre							
3	20a. METHOD OF DISPOSITION			-	STONE OF DISPOSITION		RD.	DATE			City or Tow	
	1 Burial 2 Cremation 3 Rame 4 Donation 6 Other (Specify)	oval from State	cemetery, cre-	matory or o			7/1	7/94			TADY	
Ē	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11000	10	22. NAM	AND ADDRE	SS OF FA	CILITY			TADI	
240	Decry (1/a)	Xour						BROS.			1470	01015
	23. PART i. Enter the diseases, or o	complications that co	aused the de	ath. Do	not antar the	mode of dy	ing, auci	OWN RD.	or reapir	etory arm	, MD	21215 Approximate
23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or reapir shock, or heart feliure. List only one ceuee on each line.									interval Between Onset and Death			
5	disease or condition Probable Pneumonic Due to (OR AS A CONSEQUENCE OF):								İ			
	1 N											
N												
Ā	if any, leeding to immediate cause. Enter UNDERLYING	DOE 10 (OF	AS A CONSEC	DUENCE O	F):							
	CAUSE (Diseese or Injury that initiated events	DUE TO (OF	AS A CONSEC	DUENCE O	F):							1
CERTIFICATION	reaulting in death) LAST	d										
š I	PART II. Other aignificant condition	s contributing to de	eth but not r	eeuiting	in the underl	/ing cause	given in	Part I. 24a.	WAS AN A		24b. V	VERE AUTOPSY FINDINGS
EDICAL	CVA								PERFORM			MAILABLE PRIOR TO COMPLETION OF CAUSE
MED	Osteoarthin	4							(7		OF DEATH?
Z	DID TOBACCO USE C	ONTRIBUTE T	O CAUS	E OF	DEATH	YES [NO	X				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			QTHER:	PLACE OF I	DEATH (Che	eck only one)				
XSI	1 TES 2 NO	1 Inpatient 2 E			47 Nursing I		ealdenca	6 Other (Spe	ecify)			
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,		28b. TIN	JURY	INJURY AT WORK? YES 2	NO NO	26d. DEŞCRIB	E HOW IN	JURY OCC	URED	
	3 Suicida 8 Could not be determined	28e. PLACE OF II building, etc	JURY — At ho . (Specify)	me, ferm,	street, fectory, c	ffice		261. LOCATION City or You		nd Number	or Rural Ro	ute Number,
LET	29e. CERTIFIER (Check only	CIAN: To the best of my	knowledge, de	ath occum	ed at the time.	late and place	and due	to the cause(s)	and man	or as state	d	
COMPLETED	0000	R: On the basis of exam										end manner as stated.
E S	296. SIGNATURE AND TITLE OF CERTIFIEF	m)				29c. LIC	ENSE NUM	ABER 133		29d, DATE	SIGNED (Month, Day, Year)
9	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	6301	M 27) (Type	Charl	on Ct	¥2	Ruh	ma	re l	AD.	51213
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	7 4 6	- (00/1	C1 11	0	11	0	- /	2	7010
	"JUL" 1 8 1994 g	who Devidson	Bands 00									

PE in .

11

HYSICIAN; The law requires that the death certificate be executed within 23 pages after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
etained by the ho	should be detact		ntiffed at once
may be r	c page 5		st he n
Page 6	al directo		lner mi
ter death.	the funer	oval.	al eyam
nours a	ed in by	or rem	medic
ate be executed within 24	ystcian and completely fil	they will in 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	d or item 22 shows now Inlino, or other traumatic event the medical examiner must be notified at once
that the death certifical	d by the attending ph	and Mental Hygiene	ov Injury or other
N: The law requires t	icate has been signe	State Dept. of Health	Ham 22 chaus 2
NG PHYSICIA	ther this certif	eath with the	
HE HOSPITAL OR ATTENDING PHYS	IRECTOR: AI	ours after de	sampling the Name 20 to month
DSPITAL O	MERAL DI	Illin 72 ho	value, no han
TO THE H	TO THE R	be fied w	.eennonee
	- 3	_	4

	FOR STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AN						
4	1. DECEDENT'S NAME (First, Middle, Leet)	REG. NO. 2. DATE OF DEATH MONTH DAY 07 - 14 94 2 10 M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HOURS MIN 1 4 2 4 7 YRS. MONTHS DAYS HOURS MIN	8. 7. DATE OF BIRTH (Month, Day, Year) 920 8. BIRTHPLACE (State or Foreign Country) . J.					
стоя	RESIDENCE OF DECEDENT	9c. COUNTY OF DEATH					
L DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10c. STREET AND NUMBER 10f. ZIP CODE	10d. INSIDE CITY LIMITS? 1 1 1 2 2 1 NO 10g. CITYZEN OF WHAT COUNTRY?					
# 4800 Seton Drive 21215 U.S							
B	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Ma 1 YES 2 NO S; 3 Wildowed 4 Divorced Type	uxican, Puerto Rican, etc.) Black, White, etc.					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life for NOT use retired.) TOUSE KEEPING	Bon Securs Hosp.					
BE CON		S NAME (First, Middle, Maiden Surname) M C - LOUCE LOUGH Bruste Mumber Christ Trun. SAR 7th Critical					
٤	Larunge Snipe 324 n. Carrol 200 METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3 Removed from State 1 Appendix 1 State 1 Ap	ten Ave Balto, no 2 1/22					
	1 Burlei 2 Cremetton 3 Removel from State Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS O	PK MAGN Horburns, and					
	Alyni D. Scott Barch	C. H- West Jabash Ave					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition DN CHST I VE	such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death					
z	DUPTO (OR AS A CONSEQUENCE OF): ATTHERD'S CLERATIC H	EART DISEASE					
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.						
SERTIF							
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death but not pauliting in the underlying cause gives MULTI DEFALOT DETERMINED A	1 Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 26. PLACE OF DEATH	4 (Check only one)					
	1 VES 2 MO	28d. DESCRIBE HOW INJURY OCCURED					
тер ву	2 Accident Investigation 3 Suicide S Could not be destrimed S Could not be building, etc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29a. CERTIFIER (Check only) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at						
DE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27/Opp. Print)	28d. DATE BIGNED (Month, John Hear)					
1	TASNEEM LAKHAM, 7220 PARK HEIGHTS 31. DAKE EILED AMOND, DEWNER! J. 32. REGISTRAR'S SIGNATURE	AVE BALTO MID 21208					
,	JUL 1 8 1994 gilia Tairden Bandina	DHMH-16 Rev 1/8					

ITEMS: 23 PART I, II, 27, 28a-f, PER MEO FILM G-714 8/25/94 t.t.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 11 1994 JULY JOSEPH D.HENLEY 20:58 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 214-64-4790 DAYS MARYLAND 1 M 2 D F 39 HOURS 3, 1955 Oct. for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR n/a HARBOR HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION BALTIMORE 10b. COUNTY 10d. INSIDE CITY MARYLAND n/a YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? UNITED STATES retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cubs 1 Never Married 2 Married Specify BY BLACK 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) unemployed n/a COMPL page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) MOODY 18. MOTHER'S NAME (FILE MAUDE WILLIAM HENLEY D. F BE notified ABBOTSTON ST., 190. INFORMANT'S NAME (Type/Print)
MAUDE HENLEY BALTIMORE, 2 1738 MD #18 hours after death. Page 6 may be pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must X Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) funeral director, WESTERN STAR CEMETERY CATONSVILLE, medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY C. MARCH FHZ. 1101 E. NORTH ARE WM. filled in by the removal 23. PART. Enter the difference, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ehock, or heart failure. List only one cause on each line. Interval Between ö Onset and Death IMMEDIATE CAUSE (Final cremation, other traumatic event, the diseese pr condition_ completely ACUTE LIVER NECROSIS resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760 executed with DUE TO (OR AS A CONSEQUENCE OF) nding physician and corr Hygiene prior to burial, CHRONIC ALCOHOLISM CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): the attending plantal Hygien that initiated events resulting in death) LAST 0 injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPS MEDICAL 24b. WERE AUTOPSY FINDINGS Health and PERFORMED? AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? FRACTURE OF RIGHT LEG; HIV SEROPOSITIVITY shows any YES 2 NO YES 2 NO has been s PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 23 NO [25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL: XX Inputient 2 - ER/Outputient 3 - DOA OTHER YES 2 NO 5 Rasidence 8 Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 28c. INJURY AT WORK? this c marked, 1 Netural 5 Pending Investigation 10:20 PM 1 TYES 2 XX NO BY -8-94 PEDESTRIAN STRUCK BY AUTO DIRECTOR: After the hours after death vitem 28 is mark 2 KX Accident 28a. PLACE OF INJURY — building, etc. (Specify) Al home, farm, atreel, factory, office 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) 2000 PLV C LAND 3 Suicide COMPLETED 6 Could not be BLK. S. HANOVER ST. 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated FUNERAL within 72 ! MPORTANT: II XINDICAL EXAMINER: Dn the beals of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) end menner ea stated. 29b. SIGNATUR 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE H PAR. JULY 13,1994 O.C.M.E. 9 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30 NAME A 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED Month, Day 32. REGISTRAR'S SIGNATURE 8 1994 Davidson

Edite.

3. TIME OF DEATH

10d. INSIDE CITY

1 YES 2 X NO

WHITE

21228

Approximate

Onset and Death

LYUC.

WAILABLE PRIOR TO

1 TYES 2 NO

OF DEATH?

COMPLETION OF CAUSE

8. BIRTHPLACE (State or Foreign

MARYLAND

U.S.A.

14. RACE — American Indian, Black, White, etc.

3:30 A.

YEAR

94

REG. NO.

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1
0
9
260
89
9
Y
ВОХ
Ö
-
0
ď.
_
(n)
RDS
7
00
C
Ш
α
AL
4
5
1.
-
O
7
~
0
S
=-
>
7
ш.

2

Charles.

SARAH **EDITH** HARRISON 07 17 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 91 213-01-7030 1 🗌 M 2 🔀 F 09-19-1902 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE 2103 OAK LODGE ROAD CATONSVILLE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE MARYLAND CATONSVILLE permit. FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2103 OAK LODGE ROAD use as the burial-transit 21228 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-lt yes, specify Cuban, Mexicon, Puarto Rican, atc.) 1 Never Married 2 Merried 1 YES ZXNO Specify: BY 3XXWidowed 4 Divorced ETED . 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig ğ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL should be detached 12 HOUSEWIFE OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Maiden Surneme) Ħ JAMES H. MARSH MAUDE OVERTON BE notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 s JOHN A. HARRISON JR. (SON) 2103 OAK LODGE ROAD CATONSVILLE MARYLAND 2 pe Page 6 may 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE funeral director, must Burlel 2 XCremation 3 - Removal from State 4 Donetion 6 Other (Specify) METRO CREMATORY 07/18/94 CATONSVILLE MARYLAND 21. SIGNATURE OF FUHERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY death. LEROY M & RUSSELL C WITZKE FUNERAL HOMES hours after de filled in by the fa ion, or removal. 1630 EDMONDSON AVENUE CATONSVILLE MARYLAND medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart feilure. List only one cause on each line. IMMEDIATE CAUSE (Final the cremation. Conser You disease or condition_ hent faile been signed by the attending physician and completely of the and Mental Hygiene prior to burial, crematic resulting in deeth) event, DUE TO (OR AS A CONSEQUENCE OF) executed Dialyetes traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING 2 As cu CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST 10 inlury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. the 24a. WAS AN AUTOPSY PERFORMED? MEDICAL that any 1 YES 2 1 NO shows a DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES TO NO FI s certificate has be th the State Dept. PHYSICIAN: MP 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item **EXAMINER?** HOSPITAL OTHER: 1 YES 2 NO DR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) with t 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 F Stational 5 Pending Investigation м 1 YES 2 NO DIRECTOR: After the nours after death v BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 60 8 Could not be COMPLETED 28 4 | Homicide ltem! 29e. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my know me, date end place, and due to the cause(e) end manner es stated. 2 MEDICAL EXAMINER: On the b death occured at the time, data and place, end due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE 0 28246

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (1700) 27) (Type, Print

1994

10298B

32. REGISTRAR'S SIGNATURE

SheehAN, MI)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

BOX 68760,
BOX
P.O.
RECORDS,
F VITAL
DIVISION

8	8
6	2
8	B
rtain	Sho
9	50
y o	bad
Ē	0
96	De l
E	- a
at.	9
de	5 -
afte	y th
SIN	in de
ō	Do .
	y fill
itt	ema
≱ P	OHO.
orte.	d co
99	a do
2	cian ior 1
cate	P D
THE THE	ien p
93	H J
eath	afte
e d	Ne Pe
25 th	and and
#	무를
nire	Sign
reg	o o
A.	as b
Pe	te h
ż	Sta
200	the
¥	his with
9	ath
NG.	A
EL	after after
A	REC
0	a 2
E.	370
ours after death. PAYSICIAN: The law requires that the death certificate be executed with	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be der hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1. DECEDENT'S NAME (First, Middle,			CERTIF				2. DAT	REG. NO.		YEAR	TIME OF D
1	Elizabeth								13	9	14	4:15
	4. SOCIAL SECURITY NUMBER	5. SEX	177	yrs. last birthday)	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	th, Day, Year)		Country)	NCE (State of
	213-52-5109		8	YRS.	7	2			2-11-13			ylan
œ	9a. FACILITY NAME (If not institution,		R LOCATION OF				Y OF DEAT					
DIRECTOR	Bel Forest Nur	rsing & Reh	ab. Ce	nter	1	Fore	est Hil	l		На	arfor	d
SE SE		COUNTY		10c. CIT	TY, TOWN O	OR LOCATIO	ON				10	d. INSIDE C
ä	MD	Harford				Fore	est Hil	1			1	YES 2
AL.	10e. STREET AND NUMBER	TT.				10f.	ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY
E	109 Forest Val	lley Drive	100				210	050			US	A
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		ENT EVER IN U.S 1 YES 2 WAR OR DATES	2 NO	1	If yes, spec	CITY Cuben, Mexical NO Specific Cuben, Mexical NO Specific No.	can, Puerto	IN? (Specify Yes o Rican, etc.)	or No- 14		American la Thite, etc. Whit
ETED	15. DECEDENT' (Specify only highes		18	Be. DECEDENT'S	S USUAL O	CCUPATION	N t of working	16	b. KIND OF BUSI	NESS/INDUS	STRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	5+}	(Give kind of life. Do NOT u			t to worming					
COMPL	8			House	WlIe	_			Home			
	17. FATHER'S NAME (First, Middle, La								Middle, Maiden S	urneme)		
TO BE	William Fitc			T			Eva N			100		0.1
2	190. INFORMANT'S NAME (Type/Print Donald J. He								nber, City or Town, 1ston, 1			
	20. METHOD OF DISPOSITION	21,02,		LACE AND DATE	_					ATION — CH		
	0.0	Jassa	MK)	11	1750	assahn Belair	Road	Kings	ille	. Mar	yland
	23. PART I. Enter the disease shock, or heert fe IMMEDIATE CAUSE (Final disease or condition resulting in death)	e, or omplications the	net caused the	h line.	not enter	1750 the mod	Belair de of dying, au	Road ich aa ca	Kings	ille	. Mar ⊶t,	Approx Interval Onset
Z	shock, or heert fe IMMEDIATE CAUSE (Final disease or condition resulting in death)	allum List only one ca	terz	h line.	not enter	1750 the mod	Belair	Road ich aa ca	Kings	ille	. Mar	Approx
ICATION	shock, or heert fe IMMEDIATE CAUSE (Final disease or condition	a	O (OR AS A CO	ONSEQUENCE O	not enter OF):	1750 the mod	Belair de of dying, au	Road ich aa ca	Kings	ille	Mar	Approx
CERTIFICATION	shock, or heert fe IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a	O (OR AS A CO	onsequence of	not enter OF):	1750 the mod	Belair de of dying, au	Road ich aa ca	Kings	ille	. Mar	Approx
MEDICAL CERTIFICATION	shock, or heert fe IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO d. DUE TO	O (OR AS A CO	h line. ONSEQUENCE CO ONSEQUENCE CO	not enter OF):	1750 the mod	Belair de of dying, au	Roac	Kings	ville atory arres	24b. WE AW	Approx
MEDICAL C	shock, or heert fe IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con	a. DUE TO c. DUE TO d	O (OR AS A CO	h line. ONSEQUENCE CO ONSEQUENCE CO	not enter OF):	1750 the mod	Belair de of dying, au	Roac ich aa cai	Z4a. WAS AN A PERFORM	ville atory arres	24b. WE AW	Approx Interval Onset :
MEDICAL C	shock, or heert fe IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con	a. DUE TO c. DUE TO d	O (OR AS A CO	ONSEQUENCE CO	not enter OF): OF): OF):	1750 the mod	Belair de of dying, at	Roac ich aa cai ich an Part I.	Z4a. WAS AN A PERFORM 1 YES 2 [ville atory arres	24b. WE AW	Approx Interva Onset :
MEDICAL C	shock, or heert fe IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDI- EXAMINER?	Blund List only one ca	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	ONSEQUENCE CONSEQUENCE t enter OF): OF): OTHER OTHER ADNORM ME OF	1750 the mod characteristics anderlying 26. PLA R: Bing Home 28c. INJU	Belair de of dying, at	Roac ich aa cai ich aa cai in Part I.	Z4a. WAS AN A PERFORM 1 YES 2 [JITOPSY LED? NO	24b. WF AWG CCC OFF	Approx Interval Onset :	
PHYSICIAN: MEDICAL C	shock, or heert fe IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Setural 5 Pending	Blund List only one call. a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 28e. DATE O (Month,	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	ONSEQUENCE CONSEQUENCE t enter OF): OF): OTHER 4 Num	1750 the mod luc luc anderlying 26. PLA R: sling Home 28c. IMBU WOR	Belair de of dying, at	Roac ich aa cai ich aa cai in Part I.	24a. WAS AN A PERFORM 1 YES 2 [JITOPSY LED? NO	24b. WF AWG CCC OFF	Approximatery Onset PRE AUTOPS AILABLE PRIMPLETION C DEATH?	
MEDICAL C	shock, or heert fe IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	Billumi. List only one ca	O (OR AS A CO O	ONSEQUENCE CONSEQUENCE t enter OF): OF): OF): OTHER A Divinimation of June 19 March 19 Marc	1750 the mod luc luc 26. PLA R: sling Home 28c. MNBU WOR 1 □ YE	Belair de of dying, at couse given i	n Part I.	24a. WAS AN A PERFORM 1 YES 2 [UTOPSY BED? NO	24b. WE AM CO OF 1 [Approx Interval Onset : Onset : RE AUTOPS ARLABLE PRIMAPLETION (C DEATH?	

113) BELAIRE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Veer)

JUL 1 8 1994

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	FICATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATN		
	_Theodore		Hu	nter		Jun 22		0537 M		
			E (In yrs. Isst birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	S. BIFT	THPLACE (State or Foreign		
	213-70-0542	13∑ M 2 □ F 3	2 YRS.	MONTHS DAYS	HOURS MIN.	1 23		ryland		
	9a. FACILITY NAME (If not Institution, give stree	it and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF			
DIRECTOR	833 Druid Park L	ake Dr. A	Apt. D	Balti	more		N/A			
JE J	10e. STATE 16b. COUNTY			TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?		
	Maryland N/A		В	altimor	e			1 XYES 2 NO		
FUNERAL	100. STREET AND NUMBER 833 DRUI 833 Druid Hill	D PARK LAKE (DRIVE APT.	D 10	f. ZIP COOE 21217		10g. CITIZEN OF	WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 11. Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S ZE NO	If yes, s	CENDENT OF HISPAI pecify Cuban, Mexica 5 2 X NO Specif	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	Bia	CE — American Indian, ack, While, alc.		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		16a. DECEDENT	S USUAL OCCUPATI work done during m	ON pet of working	16b. KIND OF BU	SINESS/INDUSTRY			
		College (1-4 or 5+)	ille. Do NOT	use retired.)	osi ur worning					
P P	Special Educati	on	N/	A						
ő	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)			
BE (Theodore Ups	hur			Ethel	Hunter				
10 E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Number, City or Tox	vn, State, Zip Code)	21215		
F	Barbara Hunter		2534	Oswego	Avenue	e Baltimo	ore, Ma	ryland		
1 1	20a. METHOD OF DISPOSITION (X) Burlai 2 Cremetion 3 Remove	al trom State	06. PLACE AND DATE	OF DISPOSITION (N	ame of	7/8/94 20c. LC	CATION — City or	Town, Slata		
	4 Donation 5 Other (Specify)	W HOM State	metery, crematory or Zio	n Cemet	erv	Bal	Ltimore	, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	pop .		22, NAME A	ND ADDRESS OF FA	5240 I	Reister	stown Rd		
	Darry 91	acre		Chatn	nan-Hari	ris F/H H	Baltimo	re,Md21215		
	23. PART I. Enter the diseases, or conshock, or heart fellure. Lis iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	SEIZURE DIS	esch line.		oae or aying, suc	n as cardiec or resp	iratory arrest,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentielly ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.									
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):						
	PART ii. Other aignificent conditions of	contributing to death	but not resulting	in the underlyin	g ceuse given in			4b. WERE AUTOPSY FINDINGS		
EDICAL	MENTAL RETARDATION					PERFO		AWARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
. ME	DID TORACCO USE CO	ONITRIBILITE TO	CALICE O	C DEATH A	/FC (T) N/C	_		1 EYES 2 NO		
AN	DID TOBACCO USE CC 25. WAS CASE REFERRED TO MEDICAL	JNIKIBUTE TO	CAUSE O		LACE OF DEATH (CA					
일	EXAMINER?	HOSPITAL:	2000	OTHER:	229					
PHYSICIAN:	27. MANNER OF DEATN	26e. DATE OF INJURY			JURY AT	6 Other (Specify) 28d. DESCRIBE HOW	IN HURY OCCUPED			
ВУ Р	1) Nstural 5 Conding 2 Accident Investigation	(Month, Day, Year)			ORK?	28d. DESCRIBE HOW	INJUNY OCCURED			
	3 Suicide 6 Could not be determined	28a. PLACE OF INJUF building, atc. (Sp	RY — At home, term	street, factory, offi	ca	261. LOCATION (Street City or Town, State	and Number or Rura)	of Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAL EXAMINER:	AN: To the best of my kno						e(e) end menner ea stated.		
U U	29b. SIGNATURE AND TITLE OF CERTIFIER	10,			29c. LICENSE NU	MBER	29d. DATE SIGNI	ED (Month, Day, Year)		
0	alemi 1	Clint	M		000	. P				
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	DEATN (ITEM 27) (Typ	e, Print)	L O.C.M	E.	June	22 1994		
	Dennis Chute M 31. DATE FILED (Month, Day, Year)		111 P	enn Str	eet. Ba	ltimore,	Maryl	and 21201		
	31. DATE FILED (Month, Day, Year) JUL 1 6 1994	32. REGISTRARIS SIG	The same							

OHMH-16 Rev 1/89

1 Sac Services

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

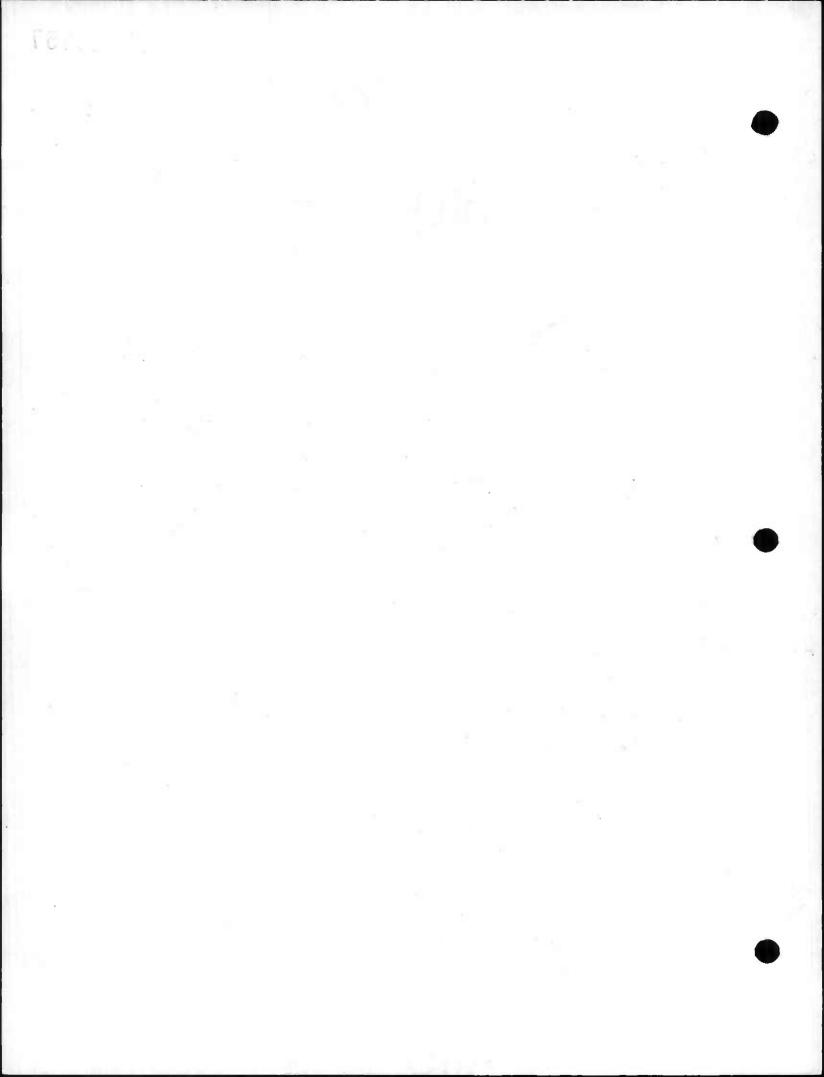
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled writin 72 hours after death with the State Dept. of Health Memtal Hygher prior to burial, cremboll. The model of the marked or them 28 to marked or them 28 to marked or them 28 to marked or them. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

4
7
-6
9
9/
~
68
w
\times
ŏ
\approx
ш
_*
0
Ω.
4.0
S
Œ
<u></u>
RECORDS
\circ
ш
C
_
_
Ø
\vdash
=
_
L
\overline{a}
7
$\overline{\sim}$
VISIO
76
~
>
0

FINAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit, P hours after death with the State Deor, of Health and Mental Hydlene prior to burlal, cremation, or removal.		
ed by the hos	ould be detach	led at once.	
6 may be retain	tor, page 5 sho	T. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
or death. Page (he funeral directal.	examiner m	
ours afte	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 7 hours after death with the State Deor, of Health and Mental Hydlene orlor to burial, cremation, or removal.	the medical	
executed within	and complete to burial, crem	matic event,	
n certificate be	nding physiciar Hydlene prior	or other trau	
that the death	hed by the atte	any injury,	
he law requires	has been sign e Dept. of Hea	m 23 shows	
PHYSICIAN: T	this certificate with the Stat	rked, or ite	
R ATTENDING	RECTOR: After urs after death	л 28 is ma	
PAL O	AL DI	T. II II	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR	CE	RTIF	CATE OF	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	Edna M. J	EDNORALSKI	-			7/18/94	DAY	YEAR	5:46 am. w
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
	212-28-0839 1□ № 2 🖾	F 64	YRS.	MONTHS DAYS	HOURS MIN.	July 17,	1930	Man	yland
	9a. FACILITY NAME (If not institution, give street and number)	-	9b. CITY, TOWN	OR LOCATION OF DI				7	
DIRECTOR	Franklin Square Hospita	L		96. CITY, TOWN OR LOCATION OF DEATH Baltimore 9c. COUNTY OF DEAT Baltimor					
E E	10a. STATE 10b. COUNTY		10c. CITY.	TOWN OR LOCA	TION				10d. INSIDE CITY
	Maryland Baltimore			erry Ha					LIMITS?
A	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CF	TIZEN OF	WHAT COUNTRY?
FUNERAL	8832 Cowenton Avenue				21128		U.	S.A.	
5		DENT EVER IN U.S. ARI				NIC ORIGIN? (Specify Y		14. RAC	E — American Indian.
BY F		1 TYES 2 N E WAR OR DATES	10		pecify Cuben, Maxica S 2 X NO Specif	n, Puerto Rican, etc.) y:		Spec	k, White, atc. #y: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE(CEDENT'S U	JSUAL OCCUPAT	ION opt of working	16b. KIND OF B	JSINESS/IN	IDUSTRY	
<u> </u>	Elementary/Secondary (0-12) College (1-4 o	r 5 +)	Do NOT use	ork done during m retired.)	ost or working	17			
MP	N/A N/A	Cen	tral	Sr. Of	fice Cler	k C&P	Tele	phon	ie Co.
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)		
BE (Peter Cook				Gladys	Haase			
TO B	19a. INFORMANT'S NAME (Type/Print)	196	, MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Z	(ip Code)	
-	Mr. Bernard Jednoralski	(Husb) 8	832 (Cowento	n Avenue,	Perry Ha	11, M	ſd.	21128
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State	20b. PLACEA	ND DATE OF	FDISPOSITION/A	lama of	DATE 20c. L	OCATION -	- City or To	own, State
	4 Donation 5 Other (Specify)	cemetery, crer Garde:	ns of	Faith	Cemetery	7/21 B	altim	nore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1_/		22. NAME /	ND ADDRESS OF FA	CILITY			
	Matthe 116	ellino		970	Relair	FunerAL Road, Bal	HOM	10 M	d. 21236
	23. PART i. Enter the diseeses, or complications	that caused the de-	eth. Do no	ot enter the m	ode of dying, suc	h sa cerdiec or res	oiratory a	rrest.	Approximate
	ehock, or heert failure. List only one IMMEDIATE CAUSE (Fine)	cause on each line.		4				30000	interval Between Onset and Death
		STASTATI	1	50000	Parca				1110
	resulting in death) a	TO (OR AS A CONSEC	DUENCE OF):	(STOCK				17
z									U
윤	ir any, lauding to immediate	TO (OR AS A CONSEO	UENCE OF)):					
2	CAUSE (Disease or injury								
E	that initieted events	TO (OR AS A CONSEO	UENCE OF)):					
CERTIFICATION	resulting in deeth) LAST		-						
2	PART ii. Other aignificent conditions contributing	to death but not re	eeuiting in	n the underlyin	ng ceuee given in	Part i, 24a. WAS A	N AUTOPSY	245	WERE AUTOPSY FINDINGS
DICAL						PERFO	RMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TYES	2 OF NO		OF DEATH?
PHYSICIAN: ME	DID TOBACCO USE CONTRIBU	TE TO CAUS	SE OF	DEATH '	YES TI NO) Be			1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL								
딣 당	EXAMINER? HOSPITAL			OTHER:	LACE OF DEATH (Ch				
ž∥	27. MANNER OF DEATH 28s. DATE	OF INJURY	26b. TIME		ne 5 Residence	6 ☐ Other (Specify) 28d. DESCRIBE HOW	BUILDY OF	CCUBED	
	Netural 5 Pending (Mont	h, Day, Year)	INJU	JRY W	ORK? YES 2 NO	200. DESCRIBE NOW	INJUNT O	COMED	
B	2 Accident investigation 3 Suicide & Could not be 28s. PLAC	E OF INJURY — At hor	me term et			28t. LOCATION (Stree	and Mumb	as as Ormal	Church Mumbas
TED	4 Homicide 6 Coyld not be build	Ing, atc. (Specify)	,	Λ		City or Town, State		er or norer i	Notic Namber,
Ë	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the beat	d of our boundadors day		1	5757-577-570				
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the bags								a) and manner or stated
8	29b. SIGNATURE AND TITLE OF CERTIFIES		//	,y opinion,					
BE	ASS. SIGNATURE TO THE OF RENIFEE	11	6		29c. LICENSE NUI	MBER /	29d. DA	TE SIGNED	NADOLU DAN ARAN
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED O	- M	5 0 m /m		155	23/		T/1	1/94
	MICHAEL AUBRBAC	11 POOD		n Wm	Sa Dr	. BoH	mh	le	21237
	JULI 8 1994" July 32 MECIS	TRAR'S GIGNATURE			1				



hould

DIRECTOR

FUNERAL

BΥ

COMPLETED

BE

2

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

1994

31. DATE FILED (Month, Day, Year)

_
-6
9
9/
\times
ВОХ
\simeq
Щ
_ •
0
۵
ഗ
œ
-
00
()
iii
-
1
-1
4
~
_
ш
Ö
_
Z
\overline{a}
$\underline{}$
'n
>
=

91, 20758 94-3831-510 blh 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATN July 05 1994 Larry Jones 0646 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN
(Month, Day, Year,
7 - 21 - 39 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) MONTHS DAYS HOURS 1 M 2 | F 54 MIN YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Helping Up Mission Street Baltimore na RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore na 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1029 E. Baltimore St 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, alc. 1 Naver Married 2 Married Il yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES Specify: Black 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ocme 20a. METHOD OF DISPOSITION
1 ☐ Buriel 2 ☐ Cremellon 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata 4 Donation 5 Other (Specify) B SEA E C mvoal 22. NAME AND ADDRESS OF FACILITY Ronald Wa,de,Dir State Anatomy Board 555W.Baltimore St,Balto,MD21201 23. PART i. Enter the diseasea, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heert failure. List only one cause on each line. Intervei Between **IMMEDIATE CAUSE (Finel Onset and Death** teros cleratio Carbovantes Dises diseese or condition DUE TO (OR AS A CONSEQUENCE OF) resulting in deeth) Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

PART II. Other significant condition Company Alexander DID TOBACCO USE C	cholism				24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Oulpatient	3 DOA 4 Nu			one) mer (Specify) at sce	ene
27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 Ves 2 NO					
3 Suicide 8 Could not be 4 Nomicide determined	28s. PLACE OF INJURY — At h building, etc. (Specify)	ome, larm, street, lac	tory, offica	281. LO C/t)	CATION (Street and Number or y or Town, State)	Rural Route Number,
	CIAN: To the best of my knowledge, d					

111 Penn Street, Baltimore, Maryland 21201

O.C.ME.

29c. LICENSE NUMBER

32. REGISTRAR'S SIGNATURE Davidson-Randall

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

July 05 1994

ñ

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

		REGISTRAR		CERTIF	ICATE C	OF DEATH	REG. NO).	
		1. DECEDENT'S NAME (First, Middle, Last)	w T.	/	/		2. DATE OF OEATH MONTH D	AY YE	
		4. SOCIAL SECURITY NUMBER	M)/-	RREI	/	· · · · ·	07 1	119	, , ,
				n yrs. lest birthday)	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year)	6. 8	BIRTHPLACE (State or Foreign Country)
3 should		213-03-3000	1 M 2 X F 7	8 YRS.			8-24-19	915 N	orth Caroli
	~	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH				
2, 3	DIRECTOR	Church Hospital			Bal	ltimore			
es.	EG	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
Pages	8	Md. Balt	imore		Dunda	1 k			LIMITS? 1 YES 2 XNO
in it		10e. STREET AND NUMBER	- mor c		Danac	101, ZIP CODE		10a. CITIZEN	OF WHAT COUNTRY?
St.	FUNERAL	17 Portship Ro	ad			21222		U.S.	
020 physician. burial-transit	=		12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS	DECENDENT OF HISPAN	IIC ORIGIN? (Specify Ve		
020 physician burial-trar		1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes	s, specify Cuban, Maxica	n, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc.
aging a	B	3 XWidowed 4 Divorced	W TEO, GIVE WAIT ON DA	II LO	''	YES 2 NO Specify			SpecHy: hite
21215-0020 al or attending physic for use as the burial	COMPLETED	15. OECEDENT'S EDUCA' (Specify only highest grade co	TION	18a. DECEDENT'S	USUAL OCCUP	PATION g most of working	16b. KIND OF BU		
21 al or for u			College (1-4 or 5+)	life. Do NOT u	se retired.)	g most or working			
	<u>ਵ</u>	10 yrs		Hon	nemake	er	Own	Home	
AND the hospit detached	Ö	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
7 8 8 K	ի ա հ	Edward Watso	n			Ldor	a Eppard	3	
MAR retained to 5 should	8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Rural F			^(e) 21222
		John Jarrell		17 F	ortsh	ip Rd.,	Baltimor	e. Ma	rvland
m > 2 -		20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremation 3 Remove		PLACE AND DATE	OF DISPOSITION			CATION — City	
O o o o		4 Donation 5 Other (Specify)	0.	etery, cremetory or o		rematory	7_14_94	Ra1	to Md
LTIMO ath. Page 6 ineral directo		21. SIGNATURE OF FUNERAL SERVICE LICEP	HSEE Edison M	Porkir		rematory			/ / / /
ALTIN death. Pag tuneral dis		18/· 11/ D				dley-Ash	ton Fune	ral H	ome, Inc.
		23. PART I. Enter the diseases, or con		0083	1213	4 WILLOW	Spring	Rd. B	altoMd.
3 2 2		shock, pr haart failura. Lie	at only one cause on as	ich iina.	noi enter ine	mode or dying, suci	n as cardisc or reap	iratory srreat,	Interval Batween
# 6 # 6 #		IMMEDIATE CAUSE (Final disease or condition	20		1.	1			Onset and Death
The Tart		resulting in death) a.	DUE TO (OR AS A	a ac	1786	g laures,	,		Jean (10-15)14
N 8 2 4 5			DOE TO (OH AS A	CONSEQUENCE O	9).				1
	CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE O	F)				
OX be e lician fior to	A	If any, leading to immediate cause. Enter UNDERLYING	1	GT G	9	1			į į
O. B ertificate ing phys giene p	윤	CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS A		F):				
P.O. h certi	E	resulting in death) LAST							
	U U	d.			1				
H # 5 - 5	A	PART il. Other algnificant conditions	contributing to death bu	-			Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
COR res that igned by ealth an		uyper der se	is 1 lug	po luy	herel	eg-	1 _ YES :		COMPLETION OF CAUSE OF DEATH?
	ME			J					1 TES 2 NO
AL RE sear requestrated bear of 23 sho	Ë	DID_TOBACCO_USE_C	ONTRIBUTE TO	CAUSE O	F DEATH	YES NO			
ITAL IT The law cate has State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	10000174			8. PLACE OF DEATH (Che	ack only one)		
F VITA SICIAN: The certificate the State	Š		HOSPITAL: Dinpstient 2 ER/Outpu	atlent 3 DOA	OTHER:	Home 5 - Residence	8 Other (Specify)		
VISION OF VITAL RE ATTENDING PHYSICIAN: The law requ ECTOR: After this certificate has been is after death with the State Dept. of I	1 7 1	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
	BY	1 Netural 5 Pending 2 Accident investigation	(, 25), 1521)			YES 2 NO			
DIVISION OR ATTENDING F DIRECTOR: After I hours after death		3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— A1 home, farm,	street, fectory,	office	28f. LOCATION (Street City or Town, Stete	end Number or R	lural Route Number,
ATTEN ATTEN CTOR: S after		4 Homicide datarmined	, , , , , , , , , , , , , , , , , , , ,	,,			City or rown, stelle	,	
OR DIRI		290. CERTIFIER 1 CERTIFYING PHYSICIA	All: To the best of my knowle	edge, dasth occurr	ed at the time.	date and place, and due	In the cause(e) and me	nner se stated	
7 70 =									use(e) and manner se stated.
THE HOSPITAL THE FUNERAL filed within 72 I	8	296. SIGNATURE AND TITLE OF CERTIFIER			4			,	
五五百四	B	The side of the si	House	Capria	les	29c. LICENSE NUM		29d. DATE SIG	GNED (Month, Day, plear)
₽₽₩.	임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	TH (ITEM 27) /5	Print)	- V 4	y sur	7	10 10
\			ER 147	1 (1/pe	, crun)	Cher+ L	1600	7 - 20) (
		31. DATE FILED (Month, Day, Year)		TURE.			1000		
		JUL 1 8 1994	32 REGISTRAR'S BIGN						
	1 1		and the same of th						

idora

p Rd., Baltin

Crematory 7-16-94

Bradley-Ashton Funeral L. 2134 WIllow Spring Rd., Ba.

3. TIME OF DEATH MPOT

MD

8. BIRTHPLACE (State or Foreign

ANNE ARUNDEL

U.S.A. 14. RACE — American Indian, Black, White, etc.

Specify: WHITE

INC

MD Approximate Interval Between **Onaet and Death**

10d. INSIDE CITY 1 YES 2 X XO

after death. Page 6 may be retained by the hospital or attending physician.

y the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

_	
90,	
BOX 68760,	The second
Š.	1
P.O. B(In securities that the death and the to
۵.	and the same
DS	1
	44.44
REC	dans. Same
A	1
\mathbf{E}	i.
DIVISION OF VITAL RECORDS, I	The street of the Contract of the
ON	Tribution.
5	Į.
5	-
0	ì

item 23 shows any injury,

marked.

28 is r

COMPLETED BY

BE

2

Dept.

	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR Certif	ITMENT OF H		NTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Las	S. J	OHNS	Ton	2	DATE OF DEATH DA	194	3. TIME OF DEA			
	4. SOCIAL SECURITY NUMBER 219-07-2133	5. SEX 1 M 2 X XF	74 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7 HOURS MIN.	Month, Day, Year) 7/4/20	Cour	THPLACE (State or ntry)			
TOR	90. FACILITY NAME (If not institution, given MORRIS HILL D		Υ		BURNIE,		9c. COUNTY OF	DEATH E ARUNI			
DIRECTOR	10e. STATE 10b. COUN	HARFORD (Y, TOWN OR LOCAT				10d. INSIDE CI LIMITS? 1 YES 2			
FUNERAL	100. STREET AND NUMBER 720 FAIRWIND		JOONT		ZIP CODE	1014		WHAT COUNTRY			
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olivorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 X NO	If yea, sp	ENDENT OF HISPANIC ecify Cuben, Mexicen, I	ORIGIN? (Specify Yes	or No 14. RAI Bla	CE — American Indick, White, etc.			
COMPLETED	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	USUAL OCCUPATION work done during mose retired.) MAKER	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY				
COM	17. FATHER'S NAME (First, Middle, Last) RICHARD M. S	Sumame)									
TO BE	19e. INFORMANT'S NAME (Type/Print) SHIRLEY BUCK	HEIT	1700		ROSE LA Ind Number or Rurel Rou DR. BE	te Number, City or Town		4			
	20e. METHOD OF DISPOSITION 1 X Juriel 2 Cremetion 3 Re 4 Donetton 5 Other (Specify)	moval from State	20b. PLACE AND DATE cemetery, crematory or c	ther place)	TERY	7/18	CATION — City or				
	21. SIGNATURIL OF FUNERAL SERVICE	Dade	,	CHARL	NO ADDRESS OF FACIL ES L. ST E. FORT	EVENS F	UNERAL	HOME			
TO BE COM	IMMEDIATE CAUSE (Finel disease or condition	e. Liet only one ceuse	On each line.	not enter the mo	de of dylng, such e	a cardiac or reapl	ratory arrest,	Approxir Interval Onaet ar			
N	resulting in death)	U	AS A CONSEQUENCE O								
YSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL C	PART II. Other algorificant condition	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 1 YES 2 NO. 24a. WAS AN AUTOPSY PERFORMED? ANALIABLE PR ANALIABLE PR COMPLETION OF DEATH?									
PHYSICIAN: N	25. WAS CASE REFERRED TO M DEEP LEXAMINER?	HOSPITAL:	t/Outpetlent 3 □ DOA	OTHER:	ACE OF DEATH (Check	10	micelle	1 VES 2			
PHY	27. MANNEH OF STATH	28a. DATE OF INJI (Month, Day, Y		E OF 28c. INJ		d. DESCRIBE HOW IN		4			

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 H OF DEATH? 1 YES 2 NO

1 Halural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) Suicide 6 Could not be 4 Homicide

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29a. CERTIFIER HYING PHYSICIAN 2 MEDICAL EXAMINER: Or

29b. SIGNATURE AND TITLE OF CERTIFIE

M. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year, 6

Julie Sevidion Pandalle

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	CEPTIAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed with	PLYSTALL DIMECTOR: After this certificate has been signed by the attending physician and completely fi	III In 12 come after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	ILANT: II I 1 2 is marked, or item 23 shows any injury, or other traumalic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA		ARTMEN' IFICATI				MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)		OLITT	IIIOAII	_ 01 1	DEAL	-	2. DATE OF OEATH MONTH DA	NY .	YEAR	3. TIME OF OEATH
	RALPH E. KEE		100 (h h h h		I			JULY 13.	1994		5:30 P M
	166-12-4063	THE THE PROPERTY OF SHAPE OF BIRTH							21	Countr	PLACE (State or Foreign V) VNA.
_	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY	, TOWN OF	LOCATIO	N OF DE			NTY OF O	
P. T	THE JOHNS HOPKI	NS HOSPITA		BAL	TIMOR	E CI	TY_				
DIRECTOR		10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2463 S. Queen S	st., York, Pa			10f. i	ZIP CODE		402	10g. CIT		HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2/ NO	100		offy Cubar		IC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No-	14. RACE Black Specif	- American Indian, , White, atc.
COMPLETED	15. OECEDENT'S EDI (Specify only highest grad Elamentary/Secondary (0-12)		16a. DECEOEN (Give kind lite. Do NO Machin	of work done T use retired.)	during most	of working	7	16b. KIND OF BUS			•
BE COM	17. FATHER'S NAME (First, Middle, Last)	Clinton	N. Keener			18. MOTH	Mag	ME (First, Middle, Meiden		ver	
TO B	190. INFORMANT'S NAME (Type/Print) FLORENCE A. Ke	ener						, Pa. 17402	n, Statu, Zij	p Code)	
	20e, METHOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremation 3 🗀 Ren 4 🗆 Donation 5 🗀 Other (Specify)	noval from State	20b. PLACE AND DA cometery, cromatory Blymires	TEOF DISPOS or other place)	SITION (Nam	ne of		DATE 20c. LO		City or To	
	21. SIGNATURE OF FUNERAL SERVICE LI	Cliek	679	22.	NAME AND		S OF FAC	erly Inc. .,Dallasto			
	23. PART i. Eater the diseases, or shock, or heart feliure.	complications that co List only one cause	oused the deeth. D	o not snte	r the mod	e of dyli	ng, such	as cerdiac or reapl	ratory ar	rest,	Approximate interval Between
1111	IMMEDIATE CAUSE (Final disease or condition resulting in death) Oneset and Daeth Oneset and Daeth Oneset and Daeth Vweeks										
NO	Sequentially flet conditions, as piration previous previous Yweeks										
CERTIFICATION	If any, landing to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Coronary curtery byposs graft surgery DUE TO (OR AS A CONSEQUENCE OF):										
SAL	PART ii. Other significent condition				-			Pert i. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI	congestive	heart fa	ilure			1161		1 □ YES 2	NO		OF DEATH? 1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	TO CAUSE O	OF DEA		CE OF DE	NC ATH (Che	ock only one)			
YSIC	EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 DO	OTHE	R:						
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28b. TIME OF INJURY WORK? 1 YES 2 NO 28b. TIME OF INJURY AT WORK? 1 YES 2 NO										
ETED E	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF IN building, atc.	IJURY — At home, fan . (Specify)	m, atreet, fac	tory, office			28f. LOCATION (Street a City or Town, State)	ind Numbe	r or Rural R	loute Number,
COMPLE		ER: On the beet of my) and menner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE	Cee-	medica	resi	dent	AJ C	NSE NUM	7357	29d. DAT	7/1	(Month, Day, Year)
2	Daniel J. Geo		Torer 11		HI	60	10 n	1, Welfe S	TB	Hin	ne M, ziz
	31. OATE FILED (Month, Day, Year) 7/13/94 JU	7L 132 REGISTRAR'S	SIGNATURE Sulia D	evidson	-Rendo	<u>kė</u>			1		

Selve II has noted as according all allegans and decreased her

$\overline{\mathbf{Q}}$	C
BALTIMORE, MARYLAND 21215-00	Son
5	and
2	277
-	20
N	E
	CO
Z	P,
4	2
7	>
~	F
4	40
¥	Pta
-	6
ш	9
Œ	E
0	9
5	60
	2
	4
d	fea
8	PF
	aff
	8
	0
-	
0,	with
760,	d with
8760,	arted with
68760,	xecuted with
X 68760,	executed with
OX 68760,	be executed with
BOX 68760,	are he executed with
BOX 68760,	lificate be executed with
.O. BOX 68760,	certificate be executed with
P.O. BOX 68760,	th certificate be executed with
3, P.O. BOX 68760,	death certificate be executed with
35, P.O. BOX 68760,	he death certificate be executed with
3DS, P.O. BOX 68760,	if the death certificate be executed with
DRDS, P.O. BOX 68760,	that the death certificate be executed with
CORDS, P.O. BOX 68760,	es that the death certificate be executed with
ECORDS, P.O. BOX 68760,	ruires that the death certificate be executed with
RECORDS, P.O. BOX 68760,	requires that the death certificate be executed with
L RECORDS, P.O. BOX 68760,	aw requires that the death certificate be executed with
AL RECORDS, P.O. BOX 68760,	he law requires that the death certificate be executed with
TAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed with
VITAL RECORDS, P.O. BOX 68760,	an. The law requires that the death certificate be executed with
- VITAL RECORDS, P.O. BOX 68760,	ICIAN: The law requires that the death certificate be executed with
OF VITAL RECORDS, P.O. BOX 68760,	(VSICIAN: The law requires that the death certificate be executed with
OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed with

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF	DEATH	F	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)	701	pard	Kenn		2. DATE OF MONTH	4 15 19	YEAR S 50
	4. SOCIAL SECURITY NUMBER 217-05-5186	5. SEX 6. AGE	(In yrs. lest birthday) 78 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF (Month, De 10-2)	фяти ep: 16er) 7—15	B. BIRTHPLACE (State or Fore Country) MARYT AN
OR	90. FACILITY NAME (If not institution, give JOSEPH RICHEY HOL				OR LOCATION OF D	EATH	9c. COUNT	TY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND	BALTIMORE		V, TOWN OR LOCA	ATION ODLAWN			10d. INSIDE CITY LIMITS? 1 YES 2 X
FUNERAL	100. STREET AND NUMBER 6804 LENBERN ROAI)			01. ZIP CODE 21207		10g. CITIZI	EN OF WHAT COUNTRY? U.S.A.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OR	S 2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Speci	an, Puarto Rica		14. RACE — American India Black, White, etc. Specify:
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION	life. Do NOT us	vork done during rr e retired.)	nost of working		ND OF BUSINESS/INDU	STRY
COMPL	17. FATHER'S NAME (First, Middle, Last)		MANUFACI	URERS R		AME (First, Midd	JOHN DET	ERE
) BE	GEORGE KENNER 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street	MATILD and Number or Rural	Boute Number	City or Town State Zin C	Code) 21002
10	JOSEPH J. KENNER	(SON)	28 WAN	DSWORTH	BRIDGE	WAY L	UTHERVILLE 20c. LOCATION — CI	E MARYLAND
	1. Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	emetery cremetory or of	her place) RAL CEM	ETERY 07	/19/94		E MARYLAND
11	21. SIGNATURE OF FUNERACTSERVICE LI	the L		LEROY		SELL C		NERAL HOME: /ILLE MARYL
CERTIFICATION	23. PART I. Enter the diseasea, or ahook, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Due to for As b. Due to for As c. Use to for As	A CONSEQUENCE OF	Prostu Prostu	est lo Ca			Interval Be Onset and 3 M
MEDICAL C	PART II. Other significant condition	ns contributing to death	but not resulting I	n the underlyle	ng ceuse given in		a. WAS AN AUTOPSY PERFORMED? YES 2 100	24b. WERE AUTOPSY FIL AMAILABLE PRIOR COMPLETION OF COF DEATH?
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	4-1/ 2 [004	OTHER:	PLACE OF OEATH (CA	/	11 21	1 YES 2 P
ву РНУ	27. MANNEB OF DEATH 1 D Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	7 28b. TIM	E OF 28c. IN	me 5 Residence IJURY AT /ORK? YES 2 NO		IBE HOW INJURY OCCU	JREO
ETED B	3 Suicide 6 Could not ba 4 Homicide determined	28a. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, s secify)	street, factory, off	Ica	281. LOCATIO City or To	ON (Street and Number of own, State)	r Rural Route Number,
COMPLE		SICIAN: To the best of my kno ER: On the basis of examinat						
TO BE	William S	Frilphre	1 m		29c. LICENSE NU	MIER	29d. DATE	1/16/94
7	WINATO E	STAN CI	DEATH (ITEM 27) (NOW. FOT U	Print)				
- 1	31. DATE FILED (Month, Day, Year)	12! REGISTRAR'S SK	MATURE					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)

JUL 1 8 1994

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE		STATE OF I							MENTA	L HYGIEN	ΙE			
	REGISTRAR				CERTIF	ICAT	E OF	DEA	TH		REG. NO				
	1. DECEDENT'S NAME (First		/E+							MONT		AY	YEAR	3. TIME OF DEATN	
	Robert Jos									Jul	,	, 1	994	3:45 AM	M
			5. SEX	6. AGE (In yrs.	lest birthday)	IF UND	R 1 YEAR	IF UNDER	MIN.	7. DATE	OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign	
	273-38-1701		1 🕅 M 2 🗆 F	51	YRS.	WORTHS	DATS	HOURIS	mene.	Jun	e 26,1	.943	Bal	timore City	٧
	9e. FACILITY NAME (If not in		treet and number)			9b. CIT	Y, TOWN C	R LOCATI	ON OF D	EATH			NTY OF D		_
8	326 Harlan	Square				Be	elAir	,				H.	arfo	rd	
DIRECTOR	RESIDENCE OF DEC														
2	10a. STATE	10b. COUNTY					OR LOCAT	ION						10d. INSIDE CITY	
□	Maryland	Harf	ord		В	elAi	r							1 YES 2XXNO	
A	10a. STREET AND NUMBER						101	ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?	-
E .	326 Harlan	Square							2	1014		-	U.S	A	
FUNERAL	11. MARITAL STATUS		12. WAS DECEOEN	IT EVER IN U.S.	ARMED	13	WAS DEC	ENDENT C			17 (Specify Yes	as No			_
	1 Never Married 2 🔀	Married	FORCES? 1	YES 2	CHD	1 "	It yes, spe	city Cube	n, Mexica	n, Puerto	Rican, etc.)	or No.	Black	— American Indian, I., White, atc.	
BY	3 Widowed 4 Divo	broad	IF 123, GIVE V	WHI DH DAIES			1 TES	2 K NND	Specify	y:			WHI	ry: FE	
0	15. DEC	EDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL	OCCUPATIO	N .	_	166	KIND OF BU	SINESS/INI		1 6	_
E	(Specify only Elementary/Secondary (0	y highest grade	completed) College [1-4 or 5		(Give kind of life. Do NOT us	work done	during mor	st of working	ng	1	TAINS OF SO.	J. 1112.5071142	JOSINI		
7	14	,	College [1-4 or 5	· .	rpent	er				1 11	ome Im	nno v	amani	-	
COMPLETED	17. FATHER'S NAME (First, M	lickflo Last)		100	11 pent	C1		40 14000		_	Middle Maiden		emeni		
	Paul Kraft	rooto, Essay									widdle, Maiden Z (Sc)		
BE	19a. INFORMANT'S NAME (1	t and the state of	_										,		
2	Yvonne N. Ki				196. MAILING	ADDRES	SS (Street a	nd Number	or Rural I	Route Numi	ber, City or Tow	n, State, Zip	Code)		
1					326 H	arta	n Sq	uare	Re	TAIL	,Maryl	and a	21014	1	
	20a. METHOD OF DISPOSIT 1 ☐ Buriel 2 X Cremation		oval from State	20b. PLA	CEANDDATE	OF DISPO	SITION /Na	me of		DAT	E 20c, LO	CATION —	City or To	wn, Stata	
a .	4 Donation 5 Other	(Specify)		Metr	o Cre	nato	гy	July	y 15	5 , 199	94 Bal	timo	re,Ma	aryland	
	21. BIONATURE OF FUNERA	L SERVICE UC	ENSES	,	1	22	NAME AN	D ADORES	SS OF FA	CILITY					_
	1	7	1	/)						eral H				
-	23 PART I Enter the d		xasse.	ax	don B	1	1750	Bela	air	Road	Kings	ville	e, Mo	1.21087	
Ы	23. PART I. Enter the di shock, or h	eart failure.	ist only one ceu	ise on each i	daeth. Do r ine.	ot ente	r the mo	de of dyi	ing, suci	h as card	liac or respi	ratory sn	eat,	Approximate interval Between	
	IMMEDIATE CAUSE (Findisease or condition	nai	MI				0							Onset and Deat	
	resulting in death)	→ ,	. Meta	static	(0/c	M	Con	1/10	Ma						
				(DR AS A CON											
Z	Sequentially list conditi		D	_										ļ	
ERTIFICATION	if any, leading to immed	diete	DUE TO	OR AS A CON	SEDUENCE OF	7):									
₫	cause. Enter UNDERLYi CAUSE (Disease or inju		·												
ᄩ	that initiated events		DUE TO	IDR AS A CON	SEDUENCE OF	F):									
	resulting in death) LAS	Т ,	l												
ᄗ	DARK II On an almalii														
₹	PART ii. Other aignifice	condition	contributing to	death but no	ot reauiting	n the u	nderlying	cause g	given in	Pert i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	3
MEDICA											1 TYES 2	1/		COMPLETION OF CAUSE OF DEATN?	
												71		1 YES 2 NO	
										_			ı	I LES Z NO	
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL.					28 PI	ACE DE DI	FATN /Chr	eck only on	-				_
) 일	EXAMINER?		HOSPITAL:			OTHE	R:	/							\dashv
¥∣	27. MANNER OF DEATN		1 Inpatient 2 I			_	rsing Nome		sidence						4
효	N	Pending	(Month, D		28b, TIM	URY	28c. INJU	RK?	.	28d. DES	CRIBE NOW II	NJURY OCC	CURED		
M		Investigation				М		ES 2	ND						
3		Could not be determined	26a. PLACE O building,	F INJURY — At etc. (Specify)	home, tarm, s	treet, fac	tory, office			281. LOCA	ATION (Street a or Town, State)	nd Number	or Rural R	oute Number,	
erer.	4 Noneco														
- 1/	29a. CERTIFIER (Check only	IFYING PNYSIC	CIAN: To the best of	my knowledge,	death occurre	d at the	time, data	and placa.	and due	to the cau	seja) and man	ner an stat	ed.		
O/															
		CAL EXAMINE	3: On the beals of a	ramination and/	or investigation	n, in my	opinion, de	ath occur	ed at the	time, date	and place, an-	d due to th	e ceusein	and manner as stated	
COM	one) 2 MEDI			camination and/	or investigatio	n, in my	opinion, de				and place, an			and manner as stated.	╛
				camination and/	or Investigatio	n, In my	opinion, de		NSE NUM					(Month, Day, Year)	

DHMH-16 Rev 1/89

retained by the hospital or attending physician. 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be

funeral director, page

filled in by the figure, ion, or removal.

cremation.

prior to

attending

the atten Mental H

and and

signed b

has been 10

Dept.

r this certificate h

DIRECTOR: After the hours after death v

FUNERAL within 72 h

Theodore King M.

D.

111

in Dinker Partiello

completely

executed with and com burial, o

6	2
O. BO	certificate
S, D	death o
Ö	the
OR	that the
RECORDS,	requires
	AM.
TA	The
5	IAN:
NOF VITAL F	PHYSICIAN
VISION	ATTENDING
0	DR A
1	OSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. t. DECEDENT'S NAME (First, Middle, Last) 2, DATE OF DEATH 3. TIME OF DEATH 12 KATHERINE JULY 1994 KONOPACKI 09:50 A 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 1 - 27 - 21 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 21709-8028 73 YRS. DAYS MARYLAND HOURS 1 - M 2 X F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS BAYVIEW E.R. BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE t YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3210 FAIT AVENUE 21224 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? t YES 2 NO 1 Never Married 2 X Married BY WHITE 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life, Do NOT use retired.) ventary/Secondary (0-12) YEARS College (1-4 or 5+) HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE KNIGHT THELMA HOLLEY 7 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 MRS. OLD COUNTRY ROAD BALTO., MD. DORIS AIELLO 912 Pe 20a METHOD OF DISPOSITION
1 Durial 2 Cremation 3 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must STANTSLAUS CEM. BALTO. MD. 21224 examiner HI SIGNATURE OF FUNERAL SERVICE LICENSEE KACZOROWSKI FUNERAL HOME 0 2525 ST. BALTO. MD. FLEET 21224 medical Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final event, the disease or condition resulting in death) Arteriosclerotic Cardiovascular Disease traumatic CERTIFICATION Sequentially list conditions, Hygiene pri OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? any 1 YES 2X NO Shows 1 YES 2 NO Inquiry PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) XXYES 2 NO Inpatient 2X ER/Outpatient 3 DOA 0 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO marked, t Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 28 4 Homicide item item 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
be filed within 7
IMPORTANT: I 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) BE clare O.C.M.E. JULY 12,1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Penn Street, Baltimore, Maryland 21201

>

BALTIMORE, MARYLAND 21215-0020	uitse that the death certificate he executed with shourt after death Dane & may be retained by the bosonial or extending the entering
MARY	entained by
LIMORE,	Pane 6 may he
BAL	nire after death
	00
ECORDS, P.O. BOX 68760	merited wit
O. BOX	artificate he
DS, P.	the death
OR	hat

DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requ TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of t IMPORTANT: If Item 28 is marked, or Item 23 shor

) should		
	Si.		
	90		
	Pages		
	permit.		
any Secretary.	burial-transit	Health and Mental Hygiene prior to burial, cremation, or removal.	
2	he		
2	15		
9110	Se		
5	n x		
2	d to		
200	She		
3	eta		i
5	9		9
5	Q p		4
9	100		10
200	S		100
-	e 5		
	pag		à
	70		9
9	ect		Ë
2	ë		
denies that the ocean commence to consider the property is age of indicated by the most of attending pripated	funeral		anne men inferent or ather bearingely maters the medical averaginar moved for and that at anne
5	the	Mal	-
3	2	E	Ile
-	2.	F F	9
	Ped	0.	
١	y fi	itio	4
,	ete	Ema	*
	ďμ	5	970
2	8	la.	-
2	B	3	100
3	U.	2	8
3	Sicie	9	1
8	Sp.	e p	8
3	0	neu	49
3	dic	F	
200	Ifte	tal	
5	36	Men	Sand
100	y th	P	-
TO L	90	3 ar	2
2	3ne	afth	
3	S C	무	9114

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.	Building State of the State of
	1. DECEDENT'S NAME (First, Middle, Last)	Kelly		2. DATE OF DEATH DAY	YEAR 8:45 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 219-18-7891 1 □ M 2 🔯	6. AGE (In yrs. last birthday) F 69 YRS.	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 4 22 25	e. BIRTHPLACE (State or Foreign Country) Maryland
OR	9e. FACILITY NAME (If not institution, give street and number) Joseph Richie Hospic	ce	96. CITY, TOWN OR LOCATION OF D Baltimore		COUNTY OF DEATN N/A
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE Maryland N/A		y, town or Location Baltimore		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	100	104 ZIR CODE	10g.	TY⊃XYES 2 □ NO CITIZEN OF WHAT COUNTRY?
FUNERAL	1800 Hollins Street	Apt. 129	21223	NIC ORIGIN? (Specify Yee or No	USA
ВҰ	1 Never Married 2 Married FORCES?	1 ☐ YES & NO YE WAR OR DATES	If yes, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puerto Rican, atc.)	14. RACE — American Indian, Black, White, atc. Specify: Black
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUPATION work done during most of working se retired.)	16b. KIND OF BUSINESS	3/INDUSTRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 o	Barma			
CON	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden Surnan	ne)
BE	John Allen 190. INFORMANT'S NAME (Type/Print)	105 MAII IM	ADDRESS (Street and Number or Rural	he Chase	e, Zip Code) 21229
2	Princess Clifton	124	N. Monastery	Avenue Balt	imore, Mamylan
	20e. METNOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetary, crematory or o	OF DISPOSITION (Name of other place)	/13/94 20c. LOCATION	N — City or Town, Stata
	21. SIGNATURE OF FLAMERAL SERVICE LICENSEE	1 Baltimo	re National C 22. NAME AND ADDRESS OF FA Chatman-Har	5240 Re	nore, Maryland eisterstown Rd. timore, Md21215
CERTIFICATION	if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury		. •		Interval Between Onset and Death Mins Years
MEDICAL	PART II. Other aignificant conditions contributing Cavaliouasurlar Hupertension Hyper woleste	Disease		PERFORMED?	AMAILABLE PRIOR TO
PHYSICIAN:	EXAMINER? HOSPITAL	2 C ER/Outpatient 3 DOA	26. PLACE OF DEATN (C. OTHER:	V	bseine
ву РНУ	27. MANNER OF OEATH 1 Natural 5 Pending (Mont	th, Day, Year) 26b. Tin	ME OF JURY AT WORK? M 1 YES 2 NO	28d. OESCRIBE HOW INJURY	OCCURED
0	3 Suicide 28a. PLAC	E OF INJURY — At home, larm, ing, atc. (Specify)	street, factory, office	261. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Number,
COMPLETE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals		red at the time, date and place, and du		
TO BE C	290 SIGNATURE AND TITLE OF CENTERIER	MD	29c. LICENSE NU D3 2	747 Þ	DATE SIGNED (Morth, Day, Year) 7-8-94
	Robert C. Bollings	MO Joseph	Richey Hospice	820 N. ELTAW	ST Boto mo, 21201
	31. DATE FILE WORTH DOWN 1994	TRAR'S SIGNATURE	, ,		

BALTIMORE, MARYLAND 21215-0020

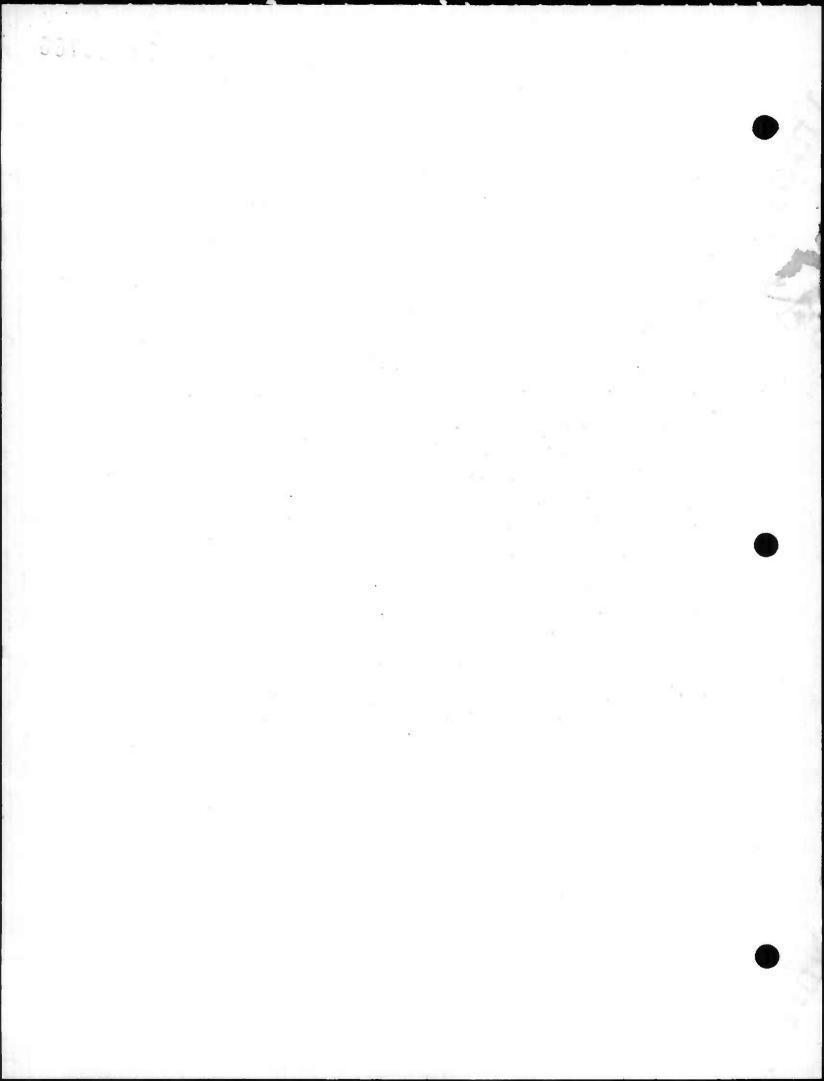
_	
	,
0	
7	
a.	
_	
œ	
9	
BOX 68760,	
~	
\cap	
_	
_	
P. 0.	
\sim	
\cup	
•	
ш.	
10	
m	
0,	
œ	
_	
0	
RECORDS,	
$\mathbf{\circ}$	
ш	
~	
TAL	
_	
⋖	
_	
_	
LL.	
=	
\circ	
Z	
=	
Ų	
S	
/ISIO	
>	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four safer death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT CERTIFICATE	OF DEATH	MENTAL HYGIENE REG. NO.
1. OECEOENT'S NAME (First, Middle, Last)	Isabelle Anne Marie	Langley	2. DATE OF CEATINT

	1 - STATE REGISTRAR	SIAIE UF M			F HEALIH		NTAL HYGIEN REG. NO.		
	1. OECEOENT'S NAME (First, Middle, Last)	Isabelle	Anne Ma		angle		DATE OF DEATH 7		3. TIME OF DEATH
	1 SABELLE 4. SOCIAL SECURITY NUMBER		Valey	1		0	17 14	9	Y 0105 A "
	442-40-7573	5. SEX	6. AGE (In yrs. lest birthday	MONTHS DA		MIN.	DATE OF BIRTN (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give st	A	89 YRS.	9b. CITY, TO	WN OR LOCATION		2-29-19		Michigan TY OF DEATN
O.B.	North West 1	Hospital			dalls				timore Co
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			ITY, TOWN OR L		LOWII		l bal	10d, INSIDE CITY
DIRECTOR		oll Co	100.0		sville	2			LIMITS?
	10e. STREET AND NUMBER				101, ZIP COOE			10g. CITIZE	EN OF WHAT COUNTRY?
FUNERAL	7200 Third A	venue				2178	4		USA
FU	11. MARITAL STATUS 1 Never Merried 2 Merried	FORCES? 1	EVER IN U.S. ARMEO	13. WAS	DECENDENT OF	F NISPANIC O	RIGIN? (Specify Yes Jerto Rican, etc.)	or No — 1	14. RACE — American Indian, Black, White, etc.
B	3 X Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	10	YES 2 NO	Specify:			Specify: White
C3	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. OE CEDENT	S USUAL OCCU	PATION g most of working		16b. KIND OF BUS	SINESS/INDU	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	eacher		,	P.1	catio	
COMPL	12+ 17. FATHER'S NAME (First, Middle, Last)	4	Admini	strat	or	ED'O NAME (First, Middle, Malden		on
	Martin Peterse	n					rie Smi		
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIP	IG ADDRESS (St	-		Number, City or Tow		Code)
F	Malcolm Langle	у	Son						
	20e. METHOD OF DISPOSITION 1		20b. PLACE AND DAT cemetery, crematory or	other plece)	N (Neme of		DATE 20c. LO	CATION — CI	Ity or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	Rona1	d Wade, Di	r 22. NAM	E AND ADDRESS	S OF FACILIT	State	Anato	omy Board
	Souph B. Tan	from	1	655	W.Bal	timo	re St,B	alto,	,MD21201
1	23. PART 1. Enter the diseases, or c shock, or heart fallure. I	omplications that	caused the death. Do						
	IMMEDIATE CAUSE (Final			0.0		. ^ -			Onset and Death
	resulting in death)	HELLTE	MYOCA	1401172	- INF	ALLET!	Mal		2 days
z		COPONI	OR AS A CONSEQUENCE	=824 D	15 Eng	F			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE	OF):	000				2 1
일	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE	PE OFF					2 days
E	resulting in death) LAST	1		/-					
	PART II. Other aignificant conditions	e contributing to a	leath but not moultin	. In the under	hilma agusa al	luan In Dart	1 10, 100		
CAL	HYPONATREMI		is a circle of the circle of t	in the under	iying cause gi	iven in Part	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ē	() characteristic						1 TYES 2	NO NO	OF DEATH? 1 ☐ YES 2 ☐ NO
N.	DID TOBACCO USE C	CONTRIBUTE	TO CAUSE O	F DEATH	YES [NO D	≰		1 1 123 2 1 100
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			6. PLACE OF DE	ATN (Check o	nly one)		
IYSI	1 TYES AND NO	1 Inpetiant 2 🗆	ER/Outpatient 3 DOA		Home 5 🗆 Res				
ву Рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF II (Month, Day		NJURY	WORK?		I. DEŞCRIBE HOW I	NJURY OCCU	RED
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At home, farm tc. (Specify)	, street, factory,	offica	281	. LOCATION (Street of City or Town, State)		r Rural Route Number,
COMPLET			ny knowledge, death occu						
O	2 MEDICAL EXAMINE		minetion end/or investige	ion, in my opini	-				ceuse(a) and manner as stated.
TO BE	296/SIGNATURE AND TITLE OF CERTIFIER HOWS	E Prygo	IAN		D 4	FO 390	0	PA/	SIGNED (Month, Day, Year)
-	P. 2 DESALMO: CO	N. W. Hos	1992 COR. 59		LOURTH	20. RA	NDAUST	TYN N	1021133
	21. DATE FILED (Month, Day, thist?	la Sixcleon		7.1		,	A		
	JUL 1 0 1994 Ja	tra, attacksion	nardally.						



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, or item 23 shows any injury, or other traumatic event. The medical examiner must be marked at once	\		it permit. Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, The Hospital DIRECTOR OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and complete the within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to bunial, cremi.	BALTIMORE, MARYLAND 21215-0020	n 24 nours after death. Page 6 may be retained by the hospital or attending physician.	by filled in by the funeral director, page 5 should be detached for use as the burial-trans atlon, or removal.	the medical examiner must be notified at once.
UIF	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, i

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGIEN REG. NO.	_	
		rice Luc	rey			2. DATE OF DEATH MONTH DA		AR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-03-6377 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 😾 F	(in yrs. last blythday) 86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		908 6	BIRTHPLACE (State or Foreign Country) Maryland
TOR	Northwest Hospit				allstown	EATH	9c. COUNTY Bal	timore
DIRECTOR	Maryland C	arroll		v, town on locat Sykesvil				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 7200 3rd. Avenu	e		101	ZIP CODE 2178	84		OF WHAT COUNTRY? U.S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3. Wildowed 4 Divorced	12, WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR O	2 NO	If yes, sp	ENDENT OF NISPAI actty Cuban, Mexica 2. NO Specif	NIC ORIGIN? (Specify Years, Puerto Riceri, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wallife. Do NOT us.		st of working	16b. KIND OF BUS		RY
OMP	17. FATHER'S NAME (First, Middle, Last)	4 years	Corpora	ate Secr		NOXEL ME (First, Middle, Maiden	1 Corp	•
BE C	John Randolph I	Bonday				h Virginia		
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
	Read A. McCaffre	206	.PLACE AND DATE O				more, I	Maryland 21218
	1 Buriel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from Stata	udon Par	K Cemete	ery			, Maryland
	21. SIGNATURE OF FUNERAL SERVICE L		1	22. NAME AN	chell-W	iedefeld Ho	nme	
	George J.			6500	York Roa	ad Baltimo	ore, Ma	ryland 21212
	23. PART I. Enter the disesses, or shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	e.	sch line.	Onk		h ss cerdisc or reepi	ratory srrest,	Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentielly list conditions, if smy, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	CONSEQUENCE OF					
MEDICAL	PART II. Other eignificant condition	ne contributing to deeth b		n the underlying) ceuse given in	Part I. 24a, WAS AN PERFOR 1 TYES 2	MEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	atlant 3 DOA	OTHER:	ACE OF DEATN (Ch	eck only one) 8 Other (Specify)		
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	JRY AT	28d. DESCRIBE NOW IN	NJURY OCCURE	D
D BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, s		ES 2 NO	28f. LOCATION (Street a	nd Number or Ru	ural Route Number,
U U	4 Nomicide determined	bullong, etc. (Spec				City or Town, State)		
COMPLET		BICIAN: To the best of my knowless						
	250 DIGHARDE AND TITLE OF CERTIFIE	ER: On the basia of examination	A A	, in my opinion, de	29c. &ICENSE NUM			iNED (Monti), Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF DE	ATN (ITEM 27) (Tons	Print	D3	6872	▶ 7/	1694
1	El Zabeth 31. DATE FILED (Month Day, Year)	32-REGISTRAR'S SIGN	ATURE	1	Him	vest H	920	Centr (
1	JUL 1 8 1994 7	in Davidson Rand	Loge				V	

BALTIMORE, MARYLAND 21215-0020

2, 3

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	20	
IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	TO HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page thing the complete of the com	mint to force or death and the force of the
出	7	ď
1		-

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) DATE OF DEATH 3. TIME OF DEATH 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Pay, Year) 02/01/1914 IF UNDER 24 HRS. IF UNDER 1 YEAR HTNPLACE (State or Foreign 80 216-01-2627 1 - M 2 - F MARYLAND 9a. FACILITY NAME (If not institution, give street end number, 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH LEVINDALE DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY MARYLAND 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21215 6950 REISTERSTOWN RD 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No- RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yee, specify Cuben, Mexicen, Puerlo Ricen, etc.)

1 YES NO Specify: 1 Never Merried 2 Merried ВУ 3 ▼ Widowed 4 □ Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondery (0-12) College (1-4 or 5+) ASSISTANT MANAGER WOMEN'S CLOTHING 17. FATNER'S NAME (First, Middle, Last)
SAMUEL 18. MOTHER'S NAME (First, Middle, Maiden Surname)
GUSSIE MEISTER CHERNOF BE 190. INFORMANT'S NAME (Type/Print, MRS. LESLIE FOX 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 338 BONNIE MEADOW CIRCLE REISTERSTOWN, MD 21136 20e. METHOD OF DISPOSITION

X □ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE X Buriel 2 Cremation 4 Donation 5 Other (Specify) CHIZUK AMUNO (ARLINGTON) 7/15/94 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY SOL LEVINSON & BROS. / INC. seuten 6010 REISTERTOWN RD. BALTO., MD 21215 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata ahock, or heart failure. List only one cause on each line. interval Batween **IMMEDIATE CAUSE (Final** Onset and Death of Right foot disease or condition resulting in death) CERTIFICATION Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL Disease Par Kinson 1 TES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one, **EXAMINER?** HOSPITAL:
1 Xinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES Z NO ng Nome 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 5 Pending investigation м 1 YES 2 NO ВУ 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 3 Sulcide 8 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER (Check only 1) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee steled. (Check only one) 2 MEDICAL EXAMINER: On the mination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTYFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year BE LETED CAUSE OF DEATN (ITEM 27) (Type, Print)

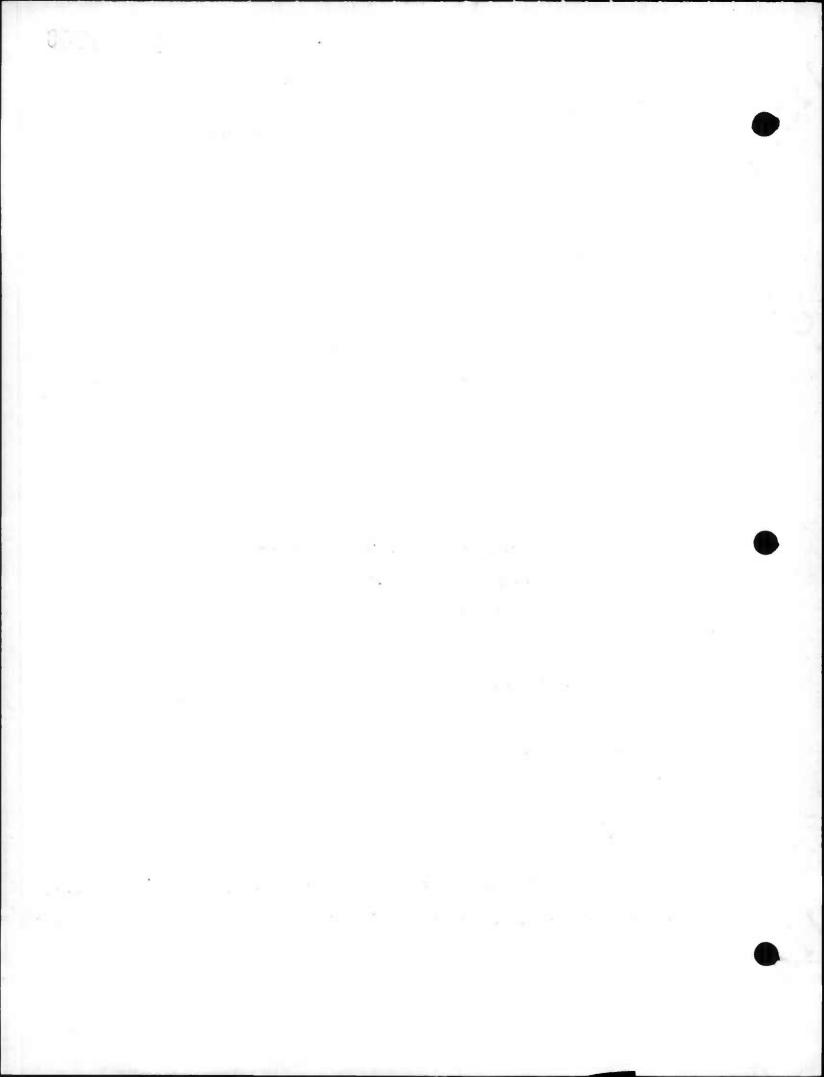
VERTHEIMER

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
JUL 1 8 1994

hD

The State



		phoods
		C
		ď
		·
		Sages
0	vician.	funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
ALTIMORE, MARYLAND 21215-0020	phys	partie
P	Fing	#
S	БПО	35
2	atte	Se
_	6	3
N	R	2
9	ne hospital or attending pl	ched
A	he h	deta
_	y t	9
~	d b	P
AF	te 6 may be retained by the	shoul
2	100	3
Щ	ay be	page
H	E	100
2	9	BC
2	feath. Page	-
H.	6	era
7	Jear	5

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

11 11 11 11 11 11 11 11 11 11 11 11 11	4	1	100 100			2'	3
ICATION TO BE COMP		TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IYSICIAN	D BY PI	OMPLETE	O BE	136.1
Interests It lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	vent, the medical	shows any injury, or other traumatic en	or item 23	is marked,	T. II item 28	MERCHIN	
TO THE THE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the new removal. Thours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	npletely filled in by the cremation, or remove	TO THE THE THE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the internal price of the price of the state of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ertificate has b	R: After this of death with	HETAL DIRECTO	De fino at	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jours after death. Page 6 may be retained by the hospi	with ours after	requires that the death certificate be executed	ICIAN: The law	NDING PHYS	SPITAL OR ATTE	TO THE HO	

1. DECEDENT'S NAME (First, Middle,		. 1	CATE OF I		2. DATE	OF DEATH	AY .	YEAR	3. TIME OF DEATH
	INE M. A					7 14	7	Z	0530 A
A. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH h, Day, Year)	T'	Count	IPLACE (State or Foreign
218-18-6217	1 M 2 G	76 YRS.				t. 7,			cyland
Da. FACILITY NAME (If not institution,			9b. CITY, TOWN OR		EATH		9c. COUNT	Y OF D	EATH
Mercy Medical Center Baltimore									
10e. STATE 10b. CC	YTAUC	10c. CITY,	TOWN OR LOCATIO	DN					10d. INSIDE CITY LIMITS?
Maryland	-	Balt	timore						1 YES 2 NO
100. STREET AND NUMBER			101. 2	ZIP CODE			10g. CITIZE	EN OF V	WHAT COUNTRY?
1306 Bonsal St				21224			USA		
1 Never Married 2 Married 3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, spec	NDENT OF HISPA city Cuben, Maxic 2 X NO Speci	an, Puarto I		s or No— 1	Black	k, White, atc.
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DECEDENT'S U (Give kind of wo	ork done during most	t of working	16b	KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-12) N/A	College (1-4 or 5+)								
IN / FA. 17. FATHER'S NAME (First, Middle, Les	N/A	Homemake	er		X	wn Hor			
Frank Sanda	n)			16. MOTHER'S NA					
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street and	Joseph				Corde1	
Mike Menzel (So			Bonsal S						224
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE OF	F DISPOSITION (Nam	ne of	DAT	_	CATION — CH		
I ☑ Burial 2 ☐ Cremation 3 ☐ I ☐ Donation 5 ☐ Other		Bost Holy	Redeemer	Cem.	17/	19 Ba	1timon	re.	Maryland
11. SIGNATURE OF FUNERAL SERVICE	OB LICENSEE	-						- /	7
49.1	CICENSEE			ADDRESS OF F					
IMMEDIATE CAUSE (Final disease or condition	complications that	e Dn aach lina.	Schimi 3331 I	unek Fur Brehms le of dying, aud	neral Lane,	Balt:	imore.	Md	Approximate Interval Between
shock, or hear immediate CAUSE (Final	complications that ure. List pnly pne caus a. DUE TO (0	ceused the death. Do not be on each line. OUAPDIA OR AS A CONSEQUENCE OF)	Schime 3331 1 of enter the mode.	unek Fur Brehms le of dying, aud	neral Lane,	Balt:	imore.	Md	Approximate Interval Between
shock, or head in the shock, or head in the	a. DUE TO (C	OUAPDIA COR AS A CONSEQUENCE OF)	Schimt 3331 1 at enter the model.	unek Fur Brehms le of dying, aud	neral Lane,	Balt:	imore.	Md	Approximate Interval Between
shock, or hast in shock, or hast in shock, or hast in shock, or hast in shock, or hast in shock, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (C d.	OCAPOTA CONSCOUENCE OF) OR AS A CONSCOUENCE OF) OR AS A CONSEQUENCE OF)	Schimt 3331 1 at enter the model.	unek FurBrehms of dying, aud	neral Lane, chasecon	Balt:	imore, iratory arrest	Md	American Indian, lisek, White, stc. specify: White Y 21224 Town, State Maryland Approximate Interval Between Onset and Death 72 None AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
shock, or head shock, or head shock, or head shock, or head shock, or head shock, or head shock, or head shock, or head shock, and shock, or head shock, and shock, a	a. DUE TO (c. DUE TO (c. d. d.	OCAPOTA CONSCOUENCE OF) OR AS A CONSCOUENCE OF) OR AS A CONSEQUENCE OF)	Schimt 3331 Interest the model The schimt	unek Fur Brehms le of dying, aud	neral Lane, ch as core	Balt: diac or reap	imore, iratory arrest	Md	Approximate Interval Betwee Onset and Das 7.2 Acres 1.2
shock, or head and shock, or head and shock, or head and shock, or head and shock, or head and shock, and shoc	a. DUE TO (C. DUE TO (C. d. Sitiona contributing to d.	OCAPOTA CONSEQUENCE OF) OR AS A CONSEQUENCE OF) OR AS A CONSEQUENCE OF) death but not resulting in	Schimt 3331 Intenter the model The schimt	unek Fur Brehms le of dying, aud Ceuse given in	neral Lane, ch se cere hor	Balt: diac or reap 24a. WAS AN PERFOI 1 UYES 2	imore, iratory arrest	Md	Approximate Interval Betwee Onset and Das 7.2 Acres 1.2
shock, or head shock, or head shock, or head shock, or head shock, or head shock, or head shock, an	b. DUE TO (C d. DUE TO (C I I I I I I I I I I I I I I I I I I	DR AS A CONSEQUENCE OF) DR AS A CONSEQUENCE OF) DR AS A CONSEQUENCE OF) death but not resulting in	Schimt 3331 Intenter the model The second of the underlying 28. PLA OTHER: 4 Nursing Home	unek Fur Brehms le of dying, aud ceuse given in	neral Lane, ch se cerc hor	Balt: diac or reap 24a. WAS AN PERFOR 1 USS 2	imore, iratory arrest	Md at,	Approximate Interval Betwee Onset and Das 7.2 Acres 1.2
shock, or head should be shock, or head should be seen or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significent conditions are should be seen to make the significant conditions are should be seen to make the significant conditions are should be seen to make the significant conditions are should be seen to make the significant conditions are should be seen to should be see	a. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. d. DUE TO (C. d. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DE))	DR AS A CONSEQUENCE OF) OR AS A CONSEQUENCE OF) OR AS A CONSEQUENCE OF) OR AS A CONSEQUENCE OF) DR AS A CONSEQUENCE OF) DR AS A CONSEQUENCE OF) DR AS A CONSEQUENCE OF)	Schimt 3331 Intenter the model The second of the second	unek Fur Brehms le of dying, aud ceuse given in	neral Lane, ch se cerc hor	Balt: diac or reap 24a. WAS AN PERFOI 1 UYES 2	imore, iratory arrest	Md at,	Approximate Interval Betwee Onset and Das 72 Acres 1972
shock, or head shock, or head shock, or head shock, or head shock, or head shock, or head shock, or head shock, or head shock, shock, and shock, shoc	a. DUE TO (C. DUE TO (DR AS A CONSEQUENCE OF) OR AS A CONSEQUENCE OF) OR AS A CONSEQUENCE OF) OR AS A CONSEQUENCE OF) DR AS A CONSEQUENCE OF) DR AS A CONSEQUENCE OF) DR AS A CONSEQUENCE OF)	Schimt 3331 Intenter the model The second of the underlying The second of the underlying and the underlying the underlying the underlying and the underlying are underlying as a second of the underlying and the underlying are underlying as a second of the underlying areal underlying are underlying as a second of the underlying are u	unek Fur Brehms e of dying, aud couse given in	heck only or	Balt: diac or reap 24a. WAS AN PERFO! 1 YES 2	AUTOPSY RMED? 2 \(\text{NO} \text{NO} \text{NO} \text{NO} \text{VIII.}	Md at,	Approximate Interval Betwee Onset and Date 2 Acres 12 Acr
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions in death LAST WAS CASE REFERENCE TO MEDICE AND THE TOTAL CONDITIONS IN MEDICAL EXTENSIONS I	a. DUE TO (C b. DUE TO (C c. DUE TO (C d. Sitiona contributing to d 28a. PLACE OF in (Month, Day) 28a. PLACE OF building, e	DO AS A CONSEQUENCE OF) OR AS A CONSEQUENCE OF) OR AS A CONSEQUENCE OF) DR AS A CONSEQUENCE OF) Jeath but not resulting in ER/Oulpetient 3 □ DOA □ INJURY □ Al home, farm, st	Schimt 3331 Intenter the mode The state of the underlying In the underlying 28. PLA OTHER: 4 Nursing Home OF 28c. INJU INY 1 YE reet, factory, office Is at the time, data a In my opinion, decided	ceuse given in CE OF DEATH (C. S G Residence RY AT IK? ES 2 NO	heck only or B Othe 286. LOC Chy e to the case e time, date	Balt: diac or reap 24a. WAS AN PERFOR 1 USES 2 ATION (Street or Town, State) use(a) and ma	I AUTOPSY RMED? 2 NO INJURY OCCU	Md at,	Approximate Interval Betwee Onset and Date 7.2 Acres 1.2
shock, or head and shock, or head and shock, or head and shock, or head and shock, or head and shock, or head and shock, or head and shock, or head and shock, or head and shock, or head and shown in the shock only shock	a. DUE TO (C. DUE TO (DO CARPOTA CONSEQUENCE OF) OR AS A CONSEQUENCE OF) OR AS A CONSEQUENCE OF) OR AS A CONSEQUENCE OF) DO AS A CONSEQUENCE OF) DO AS A CONSEQUENCE OF) Seath but not resulting in ER/Oulpetient 3 □ DOA NJURY (*) 'ber') INJURY — Al home, farm, str. (Specify) my knowledge, death occurred	Schimt 3331 Intenter the model Intenter the	ceuse given in CE OF DEATH (C. S Residence RY AT IK? ES 2 NO and place, and due oth occured at the 29c. LICENSE NU	Part I. Pert I. Pert I. Pert I. Pert I. Pert I. Pert I. Pert I. Pert I. Pert I. Pert I. Pert I. Pert I. Pert I. Pert I. Pert I.	Balt: diac or reap 24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, State) use(a) and mail	AUTOPSY RMED? 2 NO INJURY OCCU and Number of	Md et, 24bb RED RED Cause(c	Approximate interval Betwee Onset and Date 7.2 Acres 1.2

0	
~	
S	
0	
-	
10	
-	
2	
-	
2121	
-	
=	
~	
AN	
IYL)	
>	
-	
Щ	
1	
MAR	
5	
ш	
Œ	
_	
O	
Σ	
\leq	
\equiv	
BALT	
1	
-	
\mathbf{m}	
	٠
4	
B.	•

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TID THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician. TIM THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pare filed within 72 hours after death with the State Dept. of Health and Merital Hyghene prior to burial, cremation, or removal. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the fune attended to retain a state of the property of the proper
--

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) ESTHER G	MORSE				2. DATE OF DEATH DAY JULY 12, 1994 YEAR 6:23 A M			
BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 010-24-7427	5. SEX 6. AGE (In yrs. last birthday) 1 M 2 K 85 YRS. BYRS. BYRS. BYRS.			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 12/20/1908 8. BIRTHPLACE (State or Foreign Country) MASSACHUSETT			
	98. FACILITY NAME (If not institution, give street and number) MERIDIAN LONG GREEN NURSING CENTER BAL'TIMORE 8c. COUNTY OF DEATH BAL'TIMORE								
	MARYLAND PRINCE GEORGES 10c. CITY, TOWN OR LAUREL							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	15606 DARWIN CT.			1	101. ZIP CODE 20707			10g. CITIZEN OF WHAT COUNTRY? USA	
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES A		2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN 19 yes, specify Cuben, Mexican, Puerl 1 YES 2 NO Specify:					
	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) SALES			ork done during n	e during most of working .)			SALE CLOTHING	
	LOUIS GORDON					OTHER'S NAME (First, Middle, Maiden Surname) LEAH HALPERN			
10	199. INFORMANT'S NAME (Type/Print) GORDON MORSE 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 15606 DARWIN CT LAUREL, MD 20707								
	20e. METHOD OF DISPOSITION X 1 □ Burial 2 □ Cremetion 3 □ Removal from State 4 □ Donellon 5 □ Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of cemetery, crematory or other place) KOVNER				7/15	DATE 20c. LOCATION — City or Town, State 15/94 W.ROXBURY, MA			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., 6010 REISTERTOWN RD.							NC. ALTO., N	MD 21215	
	23. PART I. Enter the disesses, or construction of the part failure. L. IMMEDIATE CAUSE (Final disesse or condition resulting in desth)	ist only one cause on e	sch line.			h sa cerdisc or reapi	ratory arreat,	Approximete Interval Between Onset and Death	
BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	PERFORMED? A						4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH				res No	1 🗆 YES 2 NO		OF DEATH?	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1								
a	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				ice	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.								
BE	290. SHONATURE AND THE OF CENTIFIER				29c, LICENSE NUMBER		29d. DATE SIGNED (Minny Day, Year) 7/13/94		
)°	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)						(
	31. DATE FILED (Month, Day, Year) JUL 1 8 1994 4	32. REGISTRAR'S SIGN.			V				
JUI 1 8 1994 Julie Veridon Randalle OHMH-18 Rev 1/89									

Olvin ...

. . .

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dent, of Health and Mental Havinge note to burial remarking or remarking or remarking the State Dent, of Health and Mental Havinge note to burial remarking or remarking or remarking or remarking or remarking the State Dent of Health and Mental Havinge note to burial remarking or remarking or remarking the state of the st	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi the filled within 72 hours after clearth with the State Dect, of Health and Merial Hymiene notor to busid cremation or removal	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
		1131		JULY 3 19	94 1110 AM
			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	B. BIRTNPLACE (State or Foreign Country)
1		YAS.	419	2 25 94	MD
<u>~</u>	90. FACILITY NAME (If not institution, give street St. Agnes Hosp		CITY, TOWN OR LOCATION OF D		TY OF DEATH
18	RESIDENCE OF DECEDENT	Ital	BAITIMORE	, 11/	A
DIRECTOR	10e. STATE 10b. COUNTY		OWN OR LOCATION		10d. INSIDE CITY
		N/A B	altimore		LIMITS?
FUNERAL	10e. STREET AND NUMBER		101. ZIP CODE	10g. CITIZ	ZEN OF WHAT COUNTRY?
밀	1713 Bolton St		21217		I/A
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	If yes, specify Cuben, Mexica	NIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian, Black, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TYES 2 NO Specif	y:	Specify: Black
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con		UAL OCCUPATION done during most of working	16b. KIND OF BUSINESS/IND	USTRY
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+) life. Do NOT use re	tione during most or working others.)		
₽	N/A	N/A			
	17. FATNER'S NAME (First, Middle, Lest) Carlos Blackbu			ME (First, Middle, Maiden Surneme)	
BE	190. INFORMANT'S NAME (Type/Print)			a McNeil	
2	Thomas McNeil	1713 E	colton Street	Poute Number, City or Town, State, Zip Baltimore,	Maryland Maryland
	20e. METHOD OF DISPOSITION	20b. PLACE AND DATE OF D	SPOSITION (Name of	PATE 20c. LOCATION - C	Div or Town State
	1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Remova 4 ☐ Donation 5 ☐ Other (Specify)	cemetery, crematory or other Mt. Zion	Cemetery 7	7/9/94 Baltimo	re, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	19EE	22. NAME AND ADDRESS OF FA	Out 1774	sterstown Rd
	> Skewy H		Chatman-Harr	is F/H Balti	more, Md21215
	23. PART I. Enter the diseases, or con shock, or heart feilure. Lia	inplications that coused the deeth. Do not at only one couse on each line.	enter the mode of dying, auc	h as cerdiec or reepiratory arre	Approximate interval Between
	IMMEDIATE CAUSE (Final				Onset and Death
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):	ry Miwili	<u> </u>	MINUTES
_	_	SEVENTE SLONGE	0.0 11.50 DA	GALL INE	2 110 177710
0	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):	or our way to	micula	3740000
S	ceuse. Enter UNDERLYING CAUSE (Disease or injury	SEVELE PREMIA	Num		14 Months
FIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			
CERTIFICATION	d.		,		
AL 0	PART II. Other aignificent conditions of	contributing to death but not resulting in t	he underlying ceuse given in	Part i. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
일				PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC					OF DEATN?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	28. PLACE OF DEATN (Ch	eck only one)	
ΙSΙ	1 YES 2 NO 1	Inpatient 2 - ER/Outpatient 3 - DOA 4 (THER: ☐ Nursing Nome 5 ☐ Residence	8 Other (Specify)	
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	WORK?	28d. DESCRIBE NOW INJURY OCC	JRED
B	2 Accident Investigation	28e. PLACE OF INJURY A1 home, ferm, street	M 1 YES 2 NO		
E	3 Suicide 8 Could not be 4 Nomicide determined	building, etc. (Specify)	к, пастоту, отнеш	281. LOCATION (Street and Number of City or Town, State)	r Rurel Route Number,
LET	290. CERTIFIER 1 X CERTIFYING PHYSICIA	N: To the best of my knowledge, death occurred a	the time data and place and due	to the conservation and an arrangement	
COMPL		On the basie of exemination and/or investigation, is			
CO	29by SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUN		SIGNED (Month, Day, Year)
0 8	Howeel Mue	Dewerley	125	473 15	VLY 5, 1994
ĭ	30. NAME AND ADDRESS OF PEREDH WHO C	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prin	" STAONE	S 40s/MAL	7/238
	31. DATE FILED (Month, Day, Year) JUL 1 61994	32 JEGISTRAR'S SIGNATURE	WALL IN	one mis	MLET
		I U			

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with pours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

Adelaide	t, Middle, Last)	G.			erlein	63.6		2. DATE MONT		, 19	YEAR	3. TIME OF DEATH 9:00 P.	
4. SOCIAL SECURITY NUMBER 171-48-0836		5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 YEAR	IF UND	MIN.	7 DATE	OF BIFTIN	3-1-22	8. BIRTN Counti	IPLACE (State or Foreign	
9a. FACILITY NAME (If not in					9b. CITY, TOWN DR LOCATION OF DEA						Zyrardow, Pola		
Montgomery			a 1			IN DR LOCA	ION OF D	EATN				COUNTY OF DEATN	
RESIDENCE OF DE		I nospit	aı.		01ney					Montgomery			
10e. STATE	DA .									10d. INSIDE CITY			
PA	Berk	S		We	rnersv	ille						1 YES 2 X NO	
10e. STREET AND NUMBER						101. ZIP COI	DE			10g. CIT	IZEN OF V	VHAT COUNTRY?	
168 Hospit	al Rd.					195	65			Uni	ted	States	
	MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES					DECENDENT , specify Cub YES 2 X NO	an, Maxic	in, Puarto	N? (Specify Yea Rican, etc.)	or No-	14. RACI Black Spec	E — American Indian, k, White, etc.	
15. DEC (Specify on	CEDENT'S EDUC	CATION completed)	16	Give kind of	USUAL OCCUP		sina .	16	b. KIND OF BUS	INESS/INI	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5)	life. Do NOT us	ie retired.)	mod or morn							
9th				Co-Owne	r				Flower	Sho	D		
17. FATNER'S NAME (First, A	Aiddle, Last)					18. MO	TNER'S NA	ME (First,	Middle, Maiden	Sumame)	7/	-	
Adolf		Benke					Ame]				Benk	e	
19a. INFORMANT'S NAME ("								nber, City or Town				
E. June Of		lein	_				Wei		ivlle.				
20a, METHOD OF DISPOSIT 1 XBurlal 2 Crematic	on 3 - Remo	oval from State		ACE AND DATE or				DAT			City or To		
4 Donation 5 Other 21. SIGNATURE OF FUNERA		made /	Hai	n s CH	urch Ce	emetei	-y /	/2/9	4 We	rner	svil	e, PA 1956: HOME, INC.	
	0.00	1 //-	- N	//	7 / I	0.1 O.4.1	UNIV (HILLIY TOTOT I	FLECK	runc	KAL	MD 20707	
resulting in death) Sequentially list condit If any, leading to imme		DUE TO		ONSEQUENCE OF		arc.	/						
cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events	ring ury	DUE TO	(OR AS A CO	ONSEDUENCE OF	F):								
resulting in deeth) LAS											24h		
	ant condition	s contributing to	deeth but	not resulting	In the underly	ying cause	given In	Part i.	24a. WAS AN PERFOR	MED?		AVAILABLE PRIOR TO	
resulting in deeth) LAS	ant condition	s contributing to	deeth but	not resulting	in the underly	ying cause	given in	Part i.		MED?			
PART II. Other eignifications are selected as the selected as			deeth but	not resulting	26	ying cause			PERFOR	MED?		COMPLETION OF CAUSE OF DEATH?	
PART II. Other eignifica		B contributing to				, PLACE DF	DEATH (C)	eck only o	PERFOR 1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PART II. Other eignification of the second o	TO MEDICAL	HOSPITAL: 1 Unpellent 2 2 28a. DATE DF	ER/Outpetla	int 3 DOA	26 OTHER: 4 Nursing N	Nome 5 F	DEATH (C)	eck only o	PERFOR 1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PART II. Other eignification of the second o		HOSPITAL:	ER/Outpetla	int 3 DOA	OTHER: 4 Nursing N E DF 28c.	S. PLACE DF	DEATH (C)	eck only o	PERFOR 1 YES 2 ne) or (Specify)	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PART II. Other eignification in deeth) LAS 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER DF DEATN 1 Netural 5 2 Accident	TO MEDICAL Pending	HOSPITAL: 1 Cinpellent 2 28a. DATE DF (Month, D) 28a. PLACE D	ER/Outpetla INJURY ay, Year)	ant 3 DOA 28b. TIM INJ At home, farm, 6	26 OTHER: 4 Nursing N E DF 28c. URY M 1 [Nome 5 FINJURY AT WORK?	DEATH (C)	8 Oth	PERFOR 1 YES 2 ne) or (Specify)	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND	
PART II. Other eignifications in deeth) LAS PART II. Other eignifications in the second in the seco	Pending Investigation Could not be determined	HOSPITAL: 1 Cinpetient 2 28a. DATE DF (Month, D 26a. PLACE D building,	ER/Outpatle INJURY FINJURY — atc. (Specify) my knowledge	ant 3 DOA 28b. TIM NAt home, farm, c	OTHER: 4 Nursing N E DF 28c. URY M 1 [Intreet, factory, colored at the time, colored a	. PLACE DF Nome 5 f INJURY AT WORK? YES 2	DEATH (C/	8 Oth 28d. DE 28f. LOC	PERFOR 1 YES 2 er (Specify) SCRIBE HOW If CATION (Street a or Town, State)	MED? NO NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NO NUMBER NUMBER	CURED or Or Rural I	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Route Number,	
PART II. Other eignification in deeth) LAS 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER DF DEATN 1 Netural 5 Outline 5 Outline 8 Outline 8 Outline 8 Outline 9 Outline 1 O	Pending Investigation Could not be detarmined ITIFYING PNYSIG	HOSPITAL: 1 Cimpetent 2 Can DATE DF (Month, D building, CIAN: To the best of R: Dn the beat of a	ER/Outpatle INJURY FINJURY etc. (Specify) my knowlede	ant 3 DOA 28b. TIM NAt home, farm, c	OTHER: 4 Nursing N E DF 28c. URY M 1 [Intreet, factory, colored at the time, colored a	i. PLACE DF Nome 5 1 INJURY AT WORK? YES 2 Stiffica data and place n, death occi	DEATH (C/ Pasidence	8 Oth 28d. DE 28f. LOC	PERFOR 1 YES 2 er (Specify) SCRIBE HOW If CATION (Street a or Town, State)	MED? NO NUMBER No Number Nor as sta	r or Rural II	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Route Number,	
PART II. Other eignifications in deeth) LAS PART II. Other eignifications in the property of	Pending Investigation Could not be detarmined ITIFYING PNYSIG	HOSPITAL: 1 Cimpetent 2 Can DATE DF (Month, D building, CIAN: To the best of R: Dn the beat of a	ER/Outpatle INJURY FINJURY etc. (Specify) my knowlede	ant 3 DOA 28b. TIM NAt home, farm, c	OTHER: 4 Nursing N E DF 28c. URY M 1 [Intreet, factory, colored at the time, colored a	in PLACE DF Nome 5 1 INJURY AT WORK? YES 2 Stiffica data and place 19c, Lift 29c, Lift	DEATH (C/ Pasidence ND ND	8 Oth 28d. DE 28f. LOC City a to the ca	PERFOR 1 YES 2 er (Specify) SCRIBE HOW If CATION (Street a or Town, State)	MED? NO NURY OC nor as stated due to to	r or Rural II	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Route Number,	
PART II. Other eignification in deeth) LAS 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER DF DEATN 1 Netural 5 Outline 5 Outline 8 Outline 8 Outline 8 Outline 9 Outline 1 O	Pending Investigation Could not be determined TIFYING PNYSIC DICAL EXAMINE:	HOSPITAL: 1 Competent 2 28a. DATE DF (Month, D 28a. PLACE D building. CIAN: To the best of a	ER/Outpatle INJURY FINJURY— etc. (Specify) my knowledge kamination ar	ant 3 DOA 28b. TIM INJ At home, farm, of	OTHER: 4 Nursing N E DF 28c. URY M 1 [phreet, factory, countries, factory, countries]	in PLACE DF Nome 5 1 INJURY AT WORK? YES 2 Stiffica data and place 19c, Lift 29c, Lift	DEATH (C/ Pasidence	8 Oth 28d. DE 28f. LOC City a to the ca	PERFOR 1 YES 2 er (Specify) SCRIBE HOW If CATION (Street a or Town, State)	MED? NO NURY OC nor as stated due to to	r or Rural II	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Route Number,	
PART II. Other eignification in deeth) LAS 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER DF DEATN 1 Netural 5 OTHER 2 Accident 3 Suicide 8 Nomicide 4 Nomicide 29a. CERTIFIER (Check only one) 2 MED 29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined TIFYING PNYSIC DICAL EXAMINE:	HOSPITAL: 1 Competent 2 28a. DATE DF (Month, D 28a. PLACE D building, CIAN: To the best of a	ER/Outpatle INJURY— FINJURY— etc. (Specify) my knowledge xamination ar JO SE DF DEATN	ant 3 DOA 28b. TIM INJ At home, farm, of	OTHER: 4 Nursing N E DF 28c. URY M 1 [ptreet, factory, c	PLACE DF Nome 5 f No	DEATH (C/ Residence ND ND a, and dur ured at the CENSE NU	8 Oth 28d. DE 28f. LOi City a to the ca	PERFOR 1 YES 2 er (Specify) SCRIBE HOW II CATION (Street a or Town, State)	MED? AJURY OC and Number ner as stated due to to 29d. DAT	r or Rural in the cause(a Signer	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Route Number, a) and manner as stated.	

32. REGISTRAR'S SIGNATURE

STVIE

BALTIMORE, MARYLAND 21215-0020	th. Page 6 may be retained by the hospital or attending physici
	nours after death. Page 6
P.O. BOX 68760,	the death certificate be executed within
AL RECORDS,	e law requires that the de
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The

TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UP I			ICATE				MENTAL I	IYGIEN REG. NO.				
1	t. DECEDENT'S NAME (First, Middle, Last	,							2. DATE OF	DEATH			3. TIME OF DEA	ATH
ŭ	Bernard J. P	acunas						15.1	July	15.	1994	YEAR	9:00	а м
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	1777	8. BIRTH	PLACE (State or I	
7/	212-10-1445	1 🔀 M 2 🗌 F	84	YRS.	MONTHS	DAY8	HOURS	MIN.	(Month, Di		1010	Country	aland	
9	9a. FACILITY NAME (If not institution, give	street and number)	01		9b, CITY,	TOWN 0	R LOCATIO	ON OF DEA		/ , .	v -	NTY OF DE		
DIRECTOR	Meridian Nursi	ng Home (Hamilton)	Baltimore						_			
EC	10a. STATE 10b. COUN		10c, CIT	Y, TOWN O	R LOCAT	ION						10d, INSIDE CIT	ν	
E	Maryland Balt						timore						LIMITS?	
	10e. STREET AND NUMBER			рал	L IIIO	_	ZIP CODE	F			10n CIT	IZEN OF W	HAT COUNTRY?	
E.	2410 Pelham Aven	110					2121						ZEN OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. ARM	IFD	13 V				C ORIGIN? (S	concilly Voc	U.S		- American Inc	lian
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 X NO)	11	yes, spe	city Cuba		, Puarto Rica		0/140-	Black	- American Inc., White, etc.	- 1
	15. OECEDENT'S ED	UCATION	16a, DEC	EDENT'S	USUAL OC	CUPATIO	N .		165 KII	ND OF BUI	SINESS/INI	MISTRY	MILLE	-
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(Giv	e kind of	work done d se retired.)	uring mo:	st of workin	g	100.10		511123571111	J031111		I
7	N/A	College (1-4 or 5 -		lros	d Bra	akem	an		Rat	ilroa	hd			
8	17. FATHER'S NAME (First, Middle, Last)	11/11		IIUa	u bre	ARCIII		IER'S NAM	NE (First, Midd					
Ö	Charles Pacus	กลร							ine Da			h		
H	19a. INFDRMANT'S NAME (Type/Print)	145	195	MAILING	ADDRESS	/Stroot a		_	oute Number,					-
2	Margaret M. Paci	unas (In-	tr- I						Balt				21012	
	20g. METHOD OF DISPOSITION	mas (In-	20b. PLACE AN		_			nue,	DATE			City or Tox	21213	
	1 \(\text{A Burial 2 } \) Cremation 3 \(\text{Rec} \) Rec 4 \(\text{Donation 5 } \) Other (Specify)	noval from State	cemetery, crem Most H	atory or o	ther place)	OMO	× Co-	_	1			•		,
- 1	21. SIGNATURE OF FUNEBAL SERVICE L	ICENSEE	_ IMOSt I	ЮТУ		_		II . SS OF FAC		Dal	L Imo	re, M	larylan	<u>a</u>
	Mul	7/2	/						eral H	lomes	. In	c.		
	Mallo	1 Cape	4		33	331	Breh	ms La	ane, E	Balti	more	. Md.	2121	3
	23. PART I. Enter the diseases, or shock, or heart fallure	complications the	t coused the dee	nh. Do	not enter	the mo	de of dyl	ng, such	aa cardlac	or respi	ratory er	reat,	Approxim	
	IMMEDIATE CAUSE (Finel disease or condition	A St.	Tracal	Ba	A.	Car	D.	An dear	0000		D:		Onset sr	
	resulting in death) a. Thursdall and a consequence of the consequence													
_	- Dialieta Moll-													
ᅙ	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEQU	JENCE O	2/1/	7			<u></u>	•			1	700
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	. Per	inhe	ne	10	220	alo	er	DI	ple	210		10	ARG
Ē	that initiated events	DUE TO	ION AS A CONSEQU	JENCE O	h.									
	resulting in death) LAST	d.	5.											1.
0	DART II Other elgolfloont condition	an contribution to	death hut are see	and the second	L. M							District.		
CAL	PART II. Other significent condition	ns contributing to	daath but not re	euiting	in the unc	dariying	cause g	jiven in P	Part I. 24	a. WAS AN PERFOR	AUTOPSY	240	WERE AUTOPSY AVAILABLE PRIOR	R TO
ō I									1	YES 2	CHO		OF DEATH?	CAUSE
ME					_				_				1 TYES	NO
ä	DID TOBACCO USE	CONTRIBUT	E TO CAUS	SE O	F DEAT	rh 1	ES [] NO						
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE DF DI	EATH (Chec	ck only one)					-
YSI	1 YES 2 100		ER/Outpatient 3	DOA	OTHER	ing Hom	s 5 🗆 Re	aldenca 6	Other (S)	Decify)				_
PHYSICIAN	27. MANNER OF DEATH	28s. DATE OF (Month D	mulativ	28h, 116	E OF A	28c. INJI WO		'/	28d. DESCRI	BE OW	HJURY OC	CURED		
BY	2 Accident S Pending Investigation	1	114	1	11/	10	1 2/	1		N	1			- 1
- 1	3 Suicide 6 Could not be	28s. PLACE O building,	of the steer - At hos	e tagn.	stpot Acto	y, office			28f. LOCATIC	ON (Stepet a	nd Number	or Rural R	oute Number,	
	4 Homicide detempered				1-				/	UF	+			
2	29a. CERTIFIER CERTIFYING PHY	SICIAN: To the best of	my knowledge, deal	th occum	ed at the tie	me, deta	and place	and due t	to the cause/	a) and mer	oner ee sta	ted		
BECOMPLETED	2 MEDICAL EXAMIN												and manner as	atated.
ĕ	295. SIGNATURE AND TITLE OF CERTIFIE		1					NSE NUMI						
·B	Marian	- 5	U	1	111	- 1	JAC LICE	> c / C	200		29d. DAT	E SIGNED	(Month, Day, Year	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CHI	SE OF PEATH	277 (7	<u> </u>		2	- 4	12 <			+/	17 11	
						l da	E / 4		1	n 1	Suit	e A		
	John T. Evel	Lus, Nort	II Last M	ied1	cal C	tr.	, 544	44 Be	lair	Kd.	Balt	imore	, Md.	21206
	7 15 QUEL.	1 8 7994"	AR'S SIGNATURE	wid.	מל .									
- 1	11.011		0	1400	- Mark	LE								- 1

	ges 1, 2, 3 should		
tal or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
INSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.	director, page 5 should be detached		1, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
with hours after death. P.	npletely filled in by the funeral	cremation, or removal.	vent, the medical examine
the death certificate be executed	the attending physician and cor	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	injury, or other traumatic e
tYSICIAN: The law requires that	is certificate has been signed by	ith the State Dept. of Health and	ed, or item 23 shows any
HOWETHE OR ATTENDING PR	TAIN FIVE DIRECTOR: After th	min 72 hours after death w	RUME If Item 28 is mark
日日	Ę	Defense	MPO

							51	1 20114	
	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN	
	Ruth Ann		PLOCK			July 13,1	994	7:35 P M	
	4. SOCIAL SECURITY NUMBER 215 14 7704		(In yrs. last birthday) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTIN (Hogth, Day Year)		8. BIRTHPLACE (State or Foreign Country) Faryland	
	9a. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOWN	OR LOCATION OF DE			NTY OF DEATH	
CTOR	Franklin Sq. H			Ros	sville		Baltimore		
DIRECTOR	Maryland 106. COUNT	ltimore	TY, TOWN OR LOCAL			10d. INSIDE CIT LIMITS? 1 YES 2			
FUNERAL	100. STREET AND NUMBER 2505 Barrison	10	ZIP CODE 21221		10g. CITI	ZEN OF WHAT COUNTRY?			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye	or No-	14. RACE — American Indian,	
B≺	1 Never Married 2 Married 3 TWidowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Mexica 2 A NO Specify	n, Puerto Ricen, etc.)		14. RACE — American Indian, Black, White, etc. Specify: White	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATE	ON set of warding	16b. KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	or worning	Dr	ng Sta	ore	
8	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden			
BE		Mewitt				Beckwit			
5	James L. Jones,					timore, M			
	20s. METHOD OF DISPOSITION Solution 2 October (Specify) 20s. PLACE AND DATE 20s. LOCATION - City of Town, State								
	21, SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				Funeral Ho			
1	May E	Sundy	notes						
- "	23. PART i. Enter the diseases, or o	complications that cause	d the death. Do	T4U	Lastern	Ave. Bal	Lto.,	MU ZIZZI	
	ahock, or heart fellurs.	List only ons cause on a	eech lins.		or of my	i se caldiec of fesp	natory or	Interval Between	
	IMMEDIATE CAUSE (Finsi diseese or condition	Fluid elect	rolvte i	imhalance				Onset and Deeth	
	resulting in death)	BDUE TO (OR AS	A CONSEQUENCE O	n:	-				
z		End-stage m	nultiple	mveloma				j	
RTIFICATION	Sequentially list conditions, if any, iseding to immediate		A CONSEQUENCE O						
S	couse. Enter UNDERLYING CAUSE (Disease or Injury	C							
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O	F):					
浜	Tooditing in death) EAST	d							
<u></u>	PART II. Other significant condition	s contributing to death t	out not resulting	in the underlyin	g csuse given in			24b. WERE AUTOPSY FINDINGS	
EDICAL						PERFDI		AWAILABLE PRIOR TO COMPLETION OF CAUSE	
MEC							20 110	OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	ack only one)			
SIC	1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 - ER/Out	patient 3 DOA	OTHER: 4 Nursing Horn	e 5 Residence	6 Other (Specify)			
F	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN		URY AT	28d. DEŞCRIBE NOW	NJURY OCC	URED	
ВУ	1 X Natural 5 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, cify)	street, tectory, offic		28t. LOCATION (Street City or Town, State)	end Number	or Rural Route Number,	
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	vledge, death occurr	ed at the time, date	and place, end due	to the cause(s) and ma	nner as stet	ed.	
IMIC								a ceuse(a) and manner ea stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	R V			29c. LICENSE NUM			E SIGNED (Month, Day, Year)	
S BE		Visma			N/A	i est	▶ ×'	7/13/94	
70	Dr. Sergio Mateo				timore, N	Maryland 2	1237	, ,	
9	31. DATE FILED (Month, Day, Year)	3. REGISTRAR'S SIGN	NATURE			, , , , ,			
	JUL 1 8 1994	Juli Danden	- Knowl						

Hebrida Indea de del

ALLIVERS

gents of Control to the control of t - LE MANUEL WELLS WINDOWS MANUEL IN THE

and the second s

IN JE BOSTWAR 2000

	1. DECEDENT'S NAME (First					ICATE				2. DATE	REG. NO	DAY	YEAR	3. TIME OF DEAT
	Eunice		Padilla							-	? i		94	8:15.
	4. SOCIAL SECURITY NUM 227-28-		5. SEX	6. AGE (In yrs		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.		of BIRTH	₩.	Coun	NPLACE (State or For
	9a. FACILITY NAME (If not		100	0:	Tha.	9b. CITY	TOWN C	OR LOCATIO	ON OF DE		231		V1.	rginia
SH	John Hopk						1tin		0, 02			34.000	,,,,,	DEATH
C	RESIDENCE OF DE	10b. COUN			Lan co									
DIRECTOR	Md.		timore			CITY, TOWN OR LOCATION Dundalk								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	R					101. ZIP CODE				10g. C			WHAT COUNTRY?
FUNERAL	3132 Sc	ollers	Pt. Rd.		212				222			Ţ	JSA	
BY	11. MARITAL STATUS 1 Never Married 2 2 3 X Widowed 4 Div		12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	ARMED NO	MED 13. WAS DECENDENT OF NISPANI If yes, specify Cuban, Maxican 1 YES 2 X NO Specify:						oa or No-	14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED		CEDENT'S EE nly highest gra (0-12)	ide completed)					ON est of working	ng	161	o. KIND OF BU	J\$INESS/IN	DUSTRY	
BE CON	17. FATHER'S NAME (Flist, James A.	Lee		Eliz						eth	Middle, Maidei Alle	У		
TO 8	19a. INFORMANT'S NAME Mark A. Pa	(Type/Print) adilla			4317	Silve	er S	ond Number Sprin	or Rural F	Route Num	ober, City or Total	re, N	dd.	21128
	20a. METNOD OF DISPOSI 1 X Burlai 2 Cremat 4 Donation 5 Other	lon 3 🗆 Re	emoval from State		CEAND DATE					7/1		ocation —		
	22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk 7110 Sollers Pt. Rd. Dundalk 21222													
	iMMEDIATE CAUSE (F disease or condition resulting in death)	inai	•	se on each	line.			mon					rrest,	Approxima interval Be Onset and
LIFICATION	disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in) that initiated events	litiona, ediete YING jury	a. Chronic DUE TO (COLOR AS A CON	line.	h've IF):							rrest,	Interval Be
CERTIFICATION	Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or injusted events resulting in death) LA	iltiona, rediete YING jury	a. Chronic DUE TO (OR AS A CON	STUCT SEQUENCE O	h've PF: PF:	Pu	lmor	nary				rrest,	Interval Be
MEDICAL C	disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in) that initiated events	iltiona, rediete YING jury	a. Chronic DUE TO (c. DUE TO (d	OR AS A COM	STUCT SEQUENCE O	h've PF: PF:	Pu	lmor	nary		248. WAS A	N AUTOPSY PRIMED?		b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO
MEDICAL C	Sequentially list condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated eventa resulting in death) LA PART II. Other signific Sepsis	itiona, ediete YING jury ST	a. Chronic DUE TO (b. DUE TO (c. DUE TO (d. Ona contributing to (three times to (HOSPITAL:	OR AS A COMOR AS A COMOR AS A COMOR AS A COM	STUCTONSEQUENCE CONSEQUENCE CO	h've F: F: OFF:	PunderlyIng	g cause of	given in	Part I.	24a. WAS AI PERFO	N AUTOPSY PRIMED?		interval Be Onset and
PHYSICIAN: MEDICAL C	Sequentially list condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in) that initiated eventa resulting in death) LA PART II. Other signific Sepsis Uning 1 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5	itiona, eddete YING jury ST Cant condition	a. Chronic DUE TO (b. DUE TO (c. DUE TO (d	OR AS A COM	STUCTON SEQUENCE CONSEQUENCE C	Note:	Pus aderlying 26. PL 3: sing Nom 28c. INJ	g cause §	given in	Part I.	24a. WAS AI PERFO	N AUTOPSY RMED? 2 M NO	24	b. WERE AUTOPSY FII MAILABLE PRIOR COMPLETION OF CO
D BY PHYSICIAN: MEDICAL C	Sequentially list condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in) that initiated eventa resulting in death) LA PART II. Other signific Sepsis Uning 1 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5	itiona, lediete YING jury ST Cant condition	a. Chronic DUE TO (b. DUE TO (c. DUE TO (d	OR AS A CON	STUCT VISEOUENCE CO VISEOUENCE	OTHER	26. PL R: sling Norm 28c. INJ WOO	g cause (given in	Part I.	24a. WAS AI PERFO	N AUTOPSY RMED? 2 NO INJURY OC	24	b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO
ETED BY PHYSICIAN: MEDICAL C	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list conditions, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated eventa resulting in death) LA PART II. Other signific Sepsis Uning V 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	itiona, ediete YING jury ST Cant condition Traccondition Traccondition To Medical Development of the Could not be determined Could not be determined RTIFYING PNY	a. Chronic DUE TO (b. DUE TO (c. DUE TO (d	OR AS A CON	STORY SEQUENCE CONSEQUENCE 4 Nun	26. PL 3: aling Norm 28c. INJ ory, offici	g cause s	given in	Part I. Bock only o B Oth 28d, DE 28t, LOC City to the cs	24a. WAS AI PERFO	N AUTOPSY PRMED? 2 NO INJURY OC and Numbe	24i	b. WERE AUTOPSY FII AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 h	
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list conditions, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated eventa resulting in death) LA PART II. Other signific Sepsis Uning V 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	To MEDICAL Pending Investigation Could not be determined RTIFYING PNY DICAL EXAMIN	a. Chronic DUE TO (b. DUE TO (c. DUE TO (d	OR AS A CON	STORY SEQUENCE CONSEQUENCE 4 Nun	26. PL 3: aling Norm 28c. INJ ory, offici	g cause g ACE OF D THE S REPORT OF THE S REP	given in	Part I. eck only o 8 Oth 28d. De 28t. LOC City to the ca	24a. WAS AI PERFO	N AUTOPSY RIMED? 2 NO INJURY OC and Numbe	CCURED or or Rural sted,	b. WERE AUTOPSY FII AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 h	
E COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list condition resulting in death) Sequentially list condition and if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated eventa resulting in death) LA PART II. Other signific Septiment of Death Septiment of the condition of the condit	To MEDICAL Pending Investigation Could not be determined RTIFYING PNY DICAL EXAMI LE OF CERTIFI C. OF PERSON	a. Chronic DUE TO (b. DUE TO (c. DUE TO (d	CONTROL OR AS A CONTROL OR AS	STOCH SEQUENCE CONSEQUENCE	26. PL 3: Balling Norm 28c. INJ WO 1 1 0	g cause g ACE OF D to 8 Re URY AT PRK? YES 2 a and place teeth occur 29c. LICI	given in BEATN (Che Beldence NO NO Read at the BENSE NUM SO /	Part I. sck only o S Oth 28d, DE 28t, LOC City to the ca time, det	24a. WAS AI PERFO	N AUTOPSY RIMED? 2 NO INJURY OC and Number sonner as sta	CCURED or or Rural inted. the cause TE SIGNE	b. WERE AUTOPSY FII AMALABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 N Route Number, (a) and manner as at	

	death
	after
	verme 24 hours a
ı	77
•	6
ï	ij
ŀ	'n
	둱
	B
i	2
1	ñ
ď	Ĕ
Ġ.	8
	ij
1	9
١	ĕ
	ä
	Ħ
	ĝ
	ž
	#
	F
8	穒
į	ĕ
	Œ
	물
å	ğ
	Ë
	R
d	P
	NIA.
	法

1	1. DECEDENT'S NAME (First, Middle, Last)	Hester M. F	Painter			2. DATE OF D	DAY	YEAR
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In)	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	July 7. DATE OF B		8. BIRTHPLACE (State of
9	230-20-0546	1□M2× 68	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day	1/1926	Virginia
	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	OR LOCATION OF D			NTY OF DEATH
5	8106 Dukie Aven	ue		Dun	dalk		777	Etimore
	10a. STATE 10b. COUNT		10c, CI	Y, TOWN OR LOCA	TION			10d, INSIDE C
DIRECTOR	Maruland	Baltimore				ndalk		LIMITS?
	10e. STREET AND NUMBER	buttinote		10	1. ZIP CODE	nuack_	10g. CITI	ZEN OF WHAT COUNTRY
F.	8106 Dukie Aveni	и.е.			2122	2	UV	rited State
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Sp	ecify Yea or No-	14. RACE - American Ir
2	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	2 X JNO		ecify Cuban, Maxic 21/2NO Speci		etc.)	Black, White, etc. Specify:
	16. DECEDENT'S EDU	CATION						Whit
ELE	(Specify only highest grade	completed)		WORL OCCUPATION Work done during mose retired.)		16b. KIND	OF BUSINESS/IND	USTRY
2	Elementary/Secondary (0-12) 7th Grade	College (1-4 or 5+)		Departm	ont	Roy	idix Comp	201411
COMPL	17. FATHER'S NAME (First, Middle, Last)		corc	vepadun			Maiden Surname)	oung
BEC	Harry Lucas				Ethel		Known)	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street			ry or Town, State, Zip	Code)
2 ∥	Mr. Hugh Edward	Painter. Sr.						
	20g, METHOD OF DISPOSITION 1 & Burial 2 Cremation 3 Rem	20b. PL	ACE AND DATE	OF DISPOSITION /No	ame of	DATE	20c LOCATION - (City of Town State
	4 Donation 6 Other (Specify)	comete	ry, crematory or c	Cemeter	4 07/1	6/94	Baltimo	re, Maryla
ı	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	7//	22. NAME AL	ND ADDRESS OF FA	CHITY		
- 1	May///	I tal		7000	MKUCK FU	ineral f	rdalk. Mo	Dundalk, Ir vryland 21
	23. PART I. Enter the diseases, prospective abook, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Cavelst	line.	Hear				est, Approxi
_		OUE TO (OF AS A CO	ONSEQUENCE O	F):				
5	Sequentially list conditions,	DUE TO (OR AS A CO	ONSEQUENCE O	F):				
3	if sny, leading to immediate cause. Enter UNDERLYING			•				į
Ĕ	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE O	F):				
CERTIFICATION	resulting in death) LAST	d						
9	PART II. Other significant condition	s contribution to death but	not regulting	In the underlyle	a acusa chusa la	Deat a	WAS AN AUTOPSY	
3	- U	overling to death but	not resulting	in the underlying	g cause given in		PERFORMED?	24b. WERE AUTOPSY MAILABLE PRIC
EDIC						10	YES 2 NO	COMPLETION O OF GEATH?
Σ						_		1 TYES 2
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 BI	ACE OF DEATH (O)			
2	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatie	a 🗆 201	OTHER:	ACE OF DEATH (C)			
Ė	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TJW	E OF 28c, INJ	URY AT		E HOW INJURY OCC	URFO
- 1	1 Natural 5 Pending	(Month, Day, Year)	IN.		YES 2 NO			
2	2 Accident anvestigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY —	At home, ferm,	street, factory, offic	•	26f. LOCATION	(Street and Number	or Rural Route Number,
u III	4 Nomicide determined	building, atc. (Specify)				City or Tow	n, State)	
16	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the beat of my knowledge	ne death occur	ed at the time date	and place, and due		4	
		R: On the beals of examination ar						
ŧ		_		, , , , , , , , , , , , , , , , , , , ,			made, and dug to the	canada) and manner as
- 11	295 GENATURE AND TITLE OF CERTIFIES							
BE COMPL	STATE AND TITLE OF CERTIFIER	Mall	6		29c. LICENSE NUI		29d. DATE	SIGNED (Month, Day, Ye

OTT.

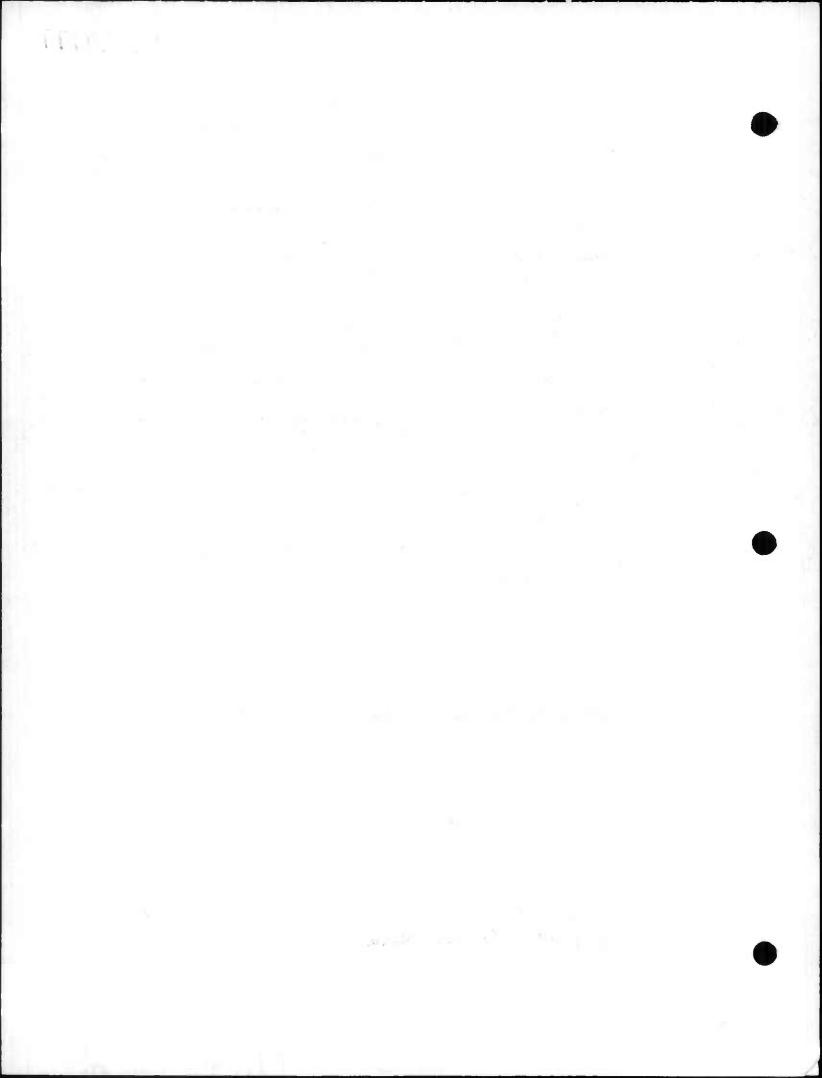
	١
$\overline{}$	
3	
$\overline{}$	
00	
Ö	
Ö.	
0	
BOX 68760	
_	
<u>~</u>	
\cup	
P.0.	
-	
(0)	
000	
CORDS	
_	
\circ	
ш	
REC	
_	
LAL F	
d	
_	
>	
FVITAL	
_	
0	
_	
Z	
VISION	
=	
S	
_	
>	
=	
_	

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death carificate be executed with the most offer the death. Page 6 may be retained by the hospital or attending physician.

The FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

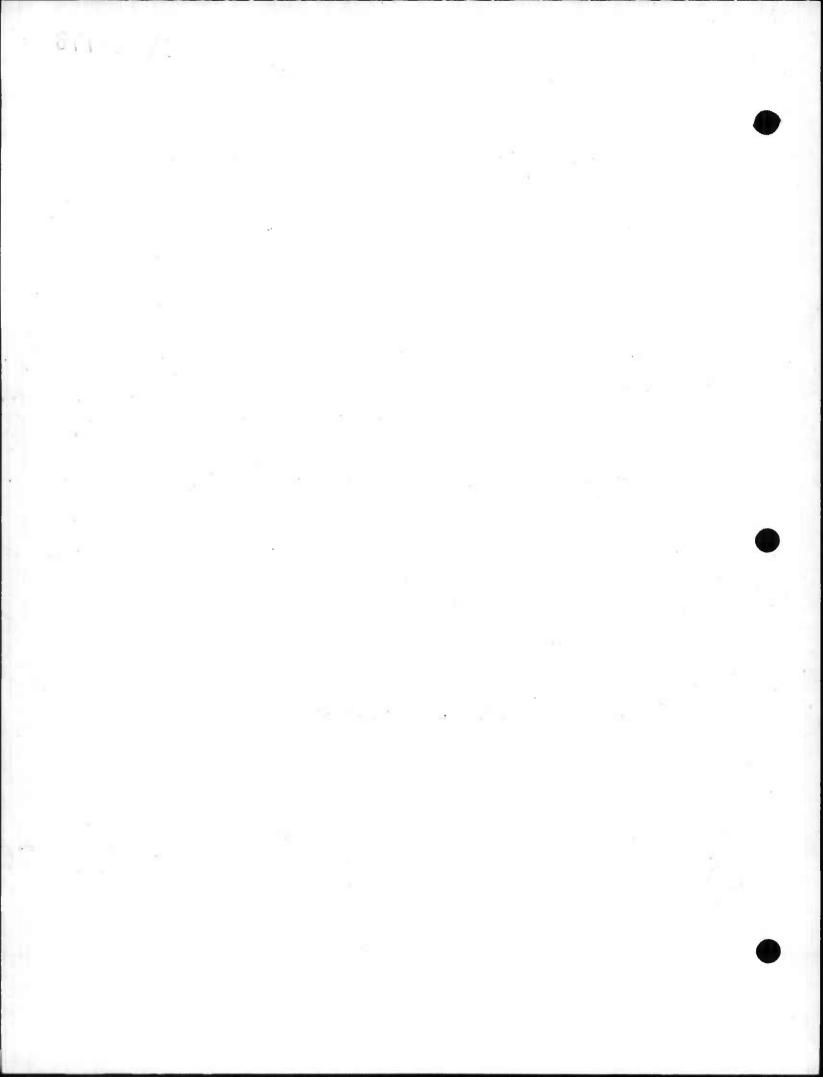
	FOR STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMENT (MENTAL HYGIEN					
	DECEDENT'S NAME (First, Middle, Last) MORRIS	POLT			JULY 10,	1994 YEA	3. TIME OF OEATH 7:31 PM			
	217-20-9287	SEX 6. AGE (In yrs. lest 85		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/7/1908	C	RTHPLACE (State or Foreign Suntry) GEORGIA			
TOR	99. FACILITY NAME (If not institution, give street NORTHWEST HOSPITAL RESIDENCE OF DECEDENT		96. CITY, TO RAND	ALLSTOWN	EATH	9c. COUNTY OF GEATH BALTIMORE				
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND BALTIM	ORE	10c. CITY, TOWN OR I				10d, INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	100. STREET AND NUMBER 7920 SCOTTS LEVEL	RD.		101. ZIP CODE 21208		USA	OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	O If y	S DECENDENT OF HISPAN is, specify Cuben, Maxica YES 2 NO Specify	n, Puarto Rican, atc.)	Black, White, etc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EOUCAT (Specify only highest grade con Elementary/Secondary (0-12)	(G/v	EOENT'S USUAL OCCU e kind of work done durk Do NOT use retired.) ALESMAN	IPATION ng most of working	16b. KIND OF BUS	ING				
l w l	17. FATHER'S NAME (First, Middle, Last) LOUIS POLT			18. MOTHER'S NA ESTH	ME (First, Middle, Meiden ER	Surneme) MIC	HAELS			
10 8	190. INFORMANT'S NAME (Type/Print) MISS HELEN POLT			treet and Number or Rural of DGE DR. NO			'			
	20s. METHOD OF DISPOSITION 1 Striel 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	cemetery, crem	nd date of disposition of the place REI TFILOH	7/13/19	94 BA	CATION — CHY O				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 212.										
	23. PART i. Enter the discesses, or com shock, or heart fallure. Lis	plications that ceuead the dea coniy one cause on each line.	th. Do not antar th	moda of dying, auc	h as cardiec or reepi	iratory arrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Fine) disease or condition reaulting in deeth) Due TO (OR AS A CONSEQUENCE OF): Onset and Dec I h									
NOI	Sequantially list conditions, if any, leeding to immediate Description of the conditions of the condi									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
EDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 10 11 YES 2 10 11 12 13 14 15 15 15 15 15 15 15									
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO									
SICIAN:		OSPITAL	OTHER:	26. PLACE OF DEATH (Ch		•				
PHYS	27. MANNER OF DEATH	Inpetient 2 ER/Outpetient 3 [28s. OATE OF INJURY (Month, Day, Year)		c. INJURY AT WORK?	6 Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCURE	0			
BY I	1 Netural 5 Pending Investigation		М	YES 2 NO						
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hom building, atc. (Specify)	ne, term, street, factory	, office	28f. LOCATION (Street of City or Town, State)		ral Route Number,			
COMPLET		N: To the beat of my knowledge, dear On the beals of examination and/or in					se(a) and manner as stated.			
Ø BE	296. SIGNATURE AND TITLE OF CERTIFIER	Word MO		29c. LICENSE NUI	MBER 39	29d. DATE SIG	NED (Morith, Day, Year)			
7	30. NAME AND ADDRESS OF BERSON WHO C	Huger A	27) (Type, Print)	BALT	M) 2	1215				
	JUL 1 8 1994	12 MATTHAR'S SIGNATURE	Ander							



0
876
68
9
×
BOX
$\tilde{\approx}$
ш
o
0
ഗ
α
0
Ö
III
R
_
_
⋖
5
_
\circ
7
\overline{a}
\leq
S
=
_
_

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing not after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should at 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE OF MARYLAN	ID / DEPART	MENT OF H	EALTH AND N		GIENE					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEA		YEAR _	TIME OF DEATH	Α-		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (ID.)	rrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	17/	94	ACE (State or Form	AM		
	229-22-6262 10 M2 XF		IONTHS DAYS	HOURS MIN.	(Month, Day, Y	23	Country)	Country) KENTUCKY			
~	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN C	R LOCATION OF DE		9c. COL	UNTY OF DEAT				
DIRECTOR	HARBOR HOSPITAL CENTER			BALTIMO	RE						
REC	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCAT			10d. INSIDE CIT					
	MARYLAND 10s. STREET AND NUMBER			LTIMORE		Lac. on		YES 2 N	10		
FUNERAL	1604 PARKMAN AVENUE		100	21230		log. Cit	TIZEN OF WHA	U.S.A.			
J.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U FORCES? 1 YES	S. ARMED		ENDENT OF HISPANI city Cuban, Maxican			14. RACE —	American Indian	,		
ВУ	1 Never Merried 2 X Merried FORCES? 1 YES 3 Wildowed 4 Divorced FORCES? 1 YES	S X		2 X NO Specify			Specify:	WHITE			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Be. DECEDENT'S U	SUAL OCCUPATION NO PROPERTY NO	IN et al warking	16b. KIND (OF BUSINESS/IN	IDUSTRY				
Ē	Elementary/Secondary (0-12) College (1-4 or 5+)	PACKAGIN	retired.)	at or working	1	ME BAKE	7DV				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	FACKAGIN	16	18. MOTHER'S NAM			SKI				
WAYNE DAMKON DOLLY McCOWN											
6	19s. INFORMANT'S NAME (Type/Print)			nd Number or Rural R				3.0			
	JOHN RICE 1604 PARKMAN AVENUE BALTIMORE, MD. 21230 20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSI										
	V☐ Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	DAR HILI			1	BALTIMO		. 0.4.6			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC.											
	Simil Sted himis		4107 W	ILKENS A	VENUE-B	ALTIMOR		. 2122	9		
CERTIFICATION	23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreat, all and a consequence of the cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Approximate interval Between Onset and Deeth Due to (or as a consequence of): Approximate interval Between Onset and Deeth Due to (or as a consequence of): Due to (or as a consequence of): Approximate interval Between Onset and Deeth Due to (or as a consequence of): Due to (or as a consequence of): C. Due to (or as a consequence of): Due to (or as a consequence of):										
님	PART II. Other significent conditions contributing to death but	not reculting in	the underlying	cause given in F	Part I. 24a. W	AS AN AUTOPSY		ERE AUTOPSY FIN			
MEDIC					1 🗆 🔻	ES 2 NO	CC	OMPLETION OF CA			
. M	DID TOBACCO USE CONTRIBUTE TO C	AUSE OF	DEATH Y	ES [] NO		,	1	YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PL	ACE OF DEATH (Che							
IXSI	1 YES 2 NO 1 Inpetient 2 ER/Outpetient	int 3 DOA		5 - Residence							
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	126	M 1 U	RK? 'ES 2 NO	28d. DESCRIBE	HOW INJURY OF	CCURED				
	3 Suicide 8 Could not be 4 Homicide determined	At home, term, st	set, factory, offic		28f. LOCATION (: City or Town,		er or Rurel Flout	e Number,			
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of axamination a							nd manner aa ata	ted.		
NE I	296. SIGNATURE AND TITLE OF CERTIFIER	n /	MD	29c. LICENSE NUM	BER	29d. DA	TE SIGNEO (M	onth, Day, Year)	,		
P	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH	1 (ITEM 27) (Type, F	for Ho	SPITAL	CTR.			1	Ţ		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BEATH M: SHIRAZI, MD. 31. OATE FILEO (Month, Day, Year- JUL 18 1994: 4.32, REGISTRAR'S SIGNATI G. J. J. J. J. J. J. J. J. J. J. J. J. J.	ia Savidsor	- Andre								



1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	nedis I nan											
	1. DECEDENT'S NAME (First, Middle, Last)							2. DA	TE OF OEATH	DAY	YEAR	3. TIME OF DEATH
	Carrie	G. RO	LOSON						uly 13			12:25 H
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. le	st birthday)	IF UNDER 1	_	IF UNDER 24 H	RS. 7. DA	E OF BIRTH			PLACE (State or Fore
	214-12-0988 1 M 2XXF 85 YRS									timore		
	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE											
E C	Franklin Square	Hospital								Pa1	Baltimore	
5	Franklin Square							Baltimore				
DIRECTOR	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR	LOCATIO	ON					10d. INSIDE CITY LIMITS?	
	Maryland Balt	timore										1 YES 2 X N
A	10e. STREET AND NUMBER			101. ZIP CODE					10g. CITIZEN OF WHA			HAT COUNTRY?
FUNERAL	5212 Kenwood Av	ve.		21206					USA			
5	11. MARITAL STATUS	12. WAS DECEDENT ET	VER IN U.S. A	RMED	13. W	AS DECE	NDENT OF HE	SPANIC ORI	C ORIGIN? (Specify Yee or No- 14, RAG			- American Indian
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE WAR		NO		yes, spec	offy Cuben, Me	exican, Puer pecify:	o Rican, etc.)	Black, White, atc. Specify:		
BY	3 Widowed 4 Divorced	<u> </u>					X		White			
	15. DECEDENT'S EDU- (Specify only highest grade		16a. Di	ECEDENT'S	USUAL OCC	CUPATION	of weeking		16b. KIND OF BUSINESS/INDUSTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	lik	Do NOT u	se retired.)	ming most	or working		No. 2010 10 10 10 10 10 10 10 10 10 10 10 10			
<u> </u>	6		Ho	usew	ife				Housekeeping			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Malden Surneme)						7.0		
BE C	Charles Harry He	eiland			Vernia Rose Claus							
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	LING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						Code)	-
임	Betty Steelev									Md. 2		
	20a. METHOD OF DISPOSITION											
	1 Burial 2 CACremetion 3 Rem	oval from State	cemetery, cr	ACEANDDATE OF DISPOSITION (Name of Acceptation of City of Town, State Acceptation of Crematory A								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											ore.	Ma.
									Homo			
Lassahn Funeral Home 7.401 Belair Rd Balto Md 2 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one cause on each line.											212	00
RTIFICATION	immediate Cause (Fine) disease or condition resulting in desth) Sequentisity list conditions, If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Onset and Tufa-tion DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
CE												1
	PART ii. Other aignificent condition											+
4		s contributing to de	eth but not	reculting	in the und	erlying	cause give	n in Part i.		AN AUTOPSY ORMED?	24b.	
DICA		s contributing to de	eth but not	reeuiting	in the und	ertying	cause give	in Part i.	PERF			AMAILABLE PRIOR T
MEDICAL		is contributing to de	eth but not	reeulting	in the und	erlying	cause give	in Part i.	PERF	ORMED?		AMAILABLE PRIOR T COMPLETION OF CA OF DEATH?
Σ		s contributing to de	eth but not	reeulting	in the und	erlying	cause give	n in Part i.	PERF	ORMED?		AMAILABLE PRIOR T COMPLETION OF CA OF DEATH?
AN: M	25. WAS CASE REFERRED TO MEDICAL		eth but not	resulting	in the und		cause give		PERF	ORMED?		AMAILABLE PRIOR T COMPLETION OF CA OF DEATH?
SICIAN: M		HOSPITAL:			OTHER:	26. PLA	CE OF DEATH	I (Check only	PERF 1 TYES	ORMED?		AMAILABLE PRIOR T COMPLETION OF CA OF DEATH?
HYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 EF	t/Outpatient :	3 DOA	OTHER:	26. PLA	CE OF DEATH 5 Reside	I (Check only	PERF 1 VES	ORMED?		AMAILABLE PRIOR T COMPLETION OF CA OF DEATH?
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending	HOSPITAL: 1 Inpatient 2 EF	t/Outpatient :	3 DOA	OTHER:	26. PLA ing Home 28c. INJUI WORI	CE OF DEATH 5 Reside	I (Check only	PERF 1 VES	ORMED?		AMAILABLE PRIOR T COMPLETION OF CA OF DEATH?
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpatient 2 EF 28e. DATE OF INA (Month, Day, 1) 28e. PLACE OF IN	t/Outpatient : URY thear)	3 DOA 28b. TIM	OTHER: 4 Nursir IE OF 2 JURY M	26. PLA ing Home 88c. INJUI WORI 1 YE	CE OF DEATH 5 Resided RY AT K?	I (Check only nce 8 🗆 0 28d. I	PERF 1 VES one) her (Specify) DESCRIBE HOL	ORMED? 2 NO N INJURY OCC et end Number	URED	AMAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 EF 28e. DATE OF INJ (Month, Day,)	t/Outpatient : URY thear)	3 DOA 28b. TIM	OTHER: 4 Nursir IE OF 2 JURY M	26. PLA ing Home 88c. INJUI WORI 1 YE	CE OF DEATH 5 Resided RY AT K?	I (Check only nce 8 🗆 0 28d. I	PERF 1 VES one) her (Specify) ESCRIBE HON	ORMED? 2 NO N INJURY OCC et end Number	URED	AMAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N
D BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1 Inpatient 2 EF 28e. DATE OF IN. (Month, Day, 1) 28e. PLACE OF IN. building, etc.	t/Outpatient : URY feer) JURY — At he (Specify)	3 DOA 28b. TIM IN. Dome, ferm,	OTHER: 4 Nursir IE OF JURY M street, factor	26. PLA ng Home RBC. INJUI WORI 1 YE	CE OF DEATH 5 Resider RY AT K7 S 2 NO	1 (Check only 1 Check only 28d. 1 28t. C	PERF 1 VES one) her (Specify) ESCRIBE HOL OCATION (Streetly or Yown, Sta	ORMED? 2 NO N INJURY OCC et end Number ite)	URED or Rural Re	AMALABLE PRIOR I COMPLETION OF C OF DEATH? 1 YES 2 N
D BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 EF 28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF INDUINDING, etc.	URY dear) JURY — At h (Specify) knowledge, d	3 DOA 28b. TIM IN. ome, farm,	OTHER: 4 Nursir IE OF 2 IURY M street, factor	26. PLAng Home 28c. INJUI WORI 1 YE	SCE OF DEATH 5 Resider RY AT K? S 2 NO	II (Check only) 28d. I	PERF 1 VES one) her (Specify) pescribe House control (Streety or Town, Statestee)	ORMED? 2 NO N INJURY OCC et end Number tee)	URED or Rural Re	AMALABLE PRIOR I COMPLETION OF C OF DEATH? 1 YES 2 N
MALETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpatient 2 EF 28s. DATE OF INA (Month, Day, 1) 28s. PLACE OF IN building, etc. CIAN: To the best of my R: On the beele of exam	URY dear) JURY — At h (Specify) knowledge, d	3 DOA 28b. TIM IN. ome, farm,	OTHER: 4 Nursir IE OF 2 IURY M street, factor	26. PLAng Home 28c. INJUI WORI 1 YE	SCE OF DEATH 5 Resider RY AT K? S 2 NO	II (Check only) 28d. I	PERF 1 VES one) her (Specify) pescribe House control (Streety or Town, Statestee)	ORMED? 2 NO N INJURY OCC et end Number tee)	URED or Rural Re	AMALABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N
COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 EF 28s. DATE OF INA (Month, Day, 1) 28s. PLACE OF IN building, etc. CIAN: To the best of my R: On the beele of exam	URY dear) JURY — At h (Specify) knowledge, d	3 DOA 28b. TIM IN. ome, farm,	OTHER: 4 Nursir IE OF 2 IURY M street, factor	26. PLA ng Home 85c. INJUI WORI 1 VE ry, office	SCE OF DEATH 5 Resider RY AT K? S 2 NO	I (Check only) 28d. L 28t. L C due to the time, d	PERF 1 VES one) her (Specify) pescribe House control (Streety or Town, Statestee)	ORMED? 2 NO N INJURY OCC et end Number inte) manner es stats end due to the	URED or Rural Re ad.	AMALABLE PRIOR T COMPLETION OF C OF DEATH? 1 YES 2 N
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpatient 2 EF 28s. DATE OF INA (Month, Day, 1) 28s. PLACE OF IN building, etc. CIAN: To the best of my R: On the beele of exam	URY dear) JURY — At h (Specify) knowledge, d	3 DOA 28b. TIM IN. ome, farm,	OTHER: 4 Nursir IE OF 2 IURY M street, factor	26. PLA ng Home 85c. INJUI WORI 1 VE ry, office	CE OF DEATH 5 Resides RY AT K? SS 2 NO	I (Check only) 28d. L 28t. L C due to the time, d	PERF 1 VES one) her (Specify) pescribe House control (Streety or Town, Statestee)	ORMED? 2 NO N INJURY OCC et end Number inte) manner es stats end due to the	URED or Rural Re ad.	1 YES 2 No
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpatient 2 Es. DATE OF INJ (Month, Day, 1) 28e. PLACE OF INDuilding, etc. CIAN: To the best of my R: On the beele of exam	t/Outpatient : URY *fear) UURY — At h (Specify) knowledge, d ination end/or	3 DOA 28b. TIM IN. ome, ferm,	OTHER: 4 Number 2 Number 3 Number 3 Number 4 Number 5 Number 5 Number 5 Number 6	26. PLA ng Home 85c. INJUI WORI 1 VE ry, office	CE OF DEATH 5 Resides RY AT K? SS 2 NO	I (Check only) 28d. L 28t. L C due to the time, d	PERF 1 VES one) her (Specify) pescribe House control (Streety or Town, Statestee)	ORMED? 2 NO N INJURY OCC et end Number inte) manner es stats end due to the	URED or Rural Re ad.	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 Not Not Not Not Not Not Not Not Not Not
COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 Es. DATE OF INJ (Month, Day, 1) 28e. PLACE OF INDuilding, etc. CIAN: To the best of my R: On the beele of exam	t/Outpatient : URY *fear) UURY — At h (Specify) knowledge, d ination end/or	3 DOA 28b. TIM IN. ome, ferm,	OTHER: 4 Number 2 Number 3 Number 3 Number 4 Number 5 Number 5 Number 5 Number 6	26. PLA ng Home 85c. INJUI WORI 1 VE ry, office	CE OF DEATH 5 Resides RY AT K? SS 2 NO	I (Check only) 28d. L 28t. L C due to the time, d	PERF 1 VES one) her (Specify) pescribe House control (Streety or Town, Statestee)	ORMED? 2 NO N INJURY OCC et end Number inte) manner es stats end due to the	URED or Rural Re ad.	AMALABLE PRIOR T COMPLETION OF C OF DEATH? 1 YES 2 N Oute Number,
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 20b. MAME AND ADDRESS OF PERSON WH	HOSPITAL: 1 Inpatient 2 Es. DATE OF INJ (Month, Day, 1) 28e. PLACE OF INDuilding, etc. CIAN: To the best of my R: On the beele of exam	t/Outpatient : URY (ber) IJURY — At h (Specify) knowledge, d instion end/or	3 DOA 28b, TIMINA 28b, TIMINA 1NA 28b, TIMINA 1NA 28b, TIMINA 1NA 28b, TIMINA 1NA 28b, TIMINA 1NA 28b, TIMINA 1NA 28b, TIMINA 1NA 28b, TIMINA 1NA 28b, TIMINA 1NA 28b, TIMINA 1NA 28b, TIMINA 1NA 28b, TIMINA 1NA 28b, TIMINA 1NA 28b, TIMINA 28b, TIM	OTHER: 4 Number 2 Number 3 Number 3 Number 4 Number 5 Number 5 Number 5 Number 6	26. PLA ng Home 85c. INJUI WORI 1 VE ry, office	CE OF DEATH 5 Resides RY AT K? SS 2 NO	I (Check only) 28d. L 28t. L C due to the time, d	PERF 1 VES one) her (Specify) pescribe House control (Streety or Town, Statestee)	ORMED? 2 NO N INJURY OCC et end Number inte) manner es stats end due to the	URED or Rural Re ad.	AMALABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 Ni Oute Number,

071/. .

DIVISION OF VITAL RECORDS, P.O. BOX 13149,	DALIMORE, MARTLAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withy Jours after death. Page 6 may be retained by the hosp	rs after death. Page 6 may be retained by the hosp
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. In by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the formula of the model.	n by the funeral director, page 5 should be detache
indowning to make the control of the control of the marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	SOUNEINER	2. DATE OF DEATH MONTH DAY

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH									3. TIME OF DEATH		
MATILDA SCHNEIDER 07 17 94 15.									1535"			
	4. SOCIAL SECURITY NUMBER 8. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.							Month Day You	l l	8. BIRTHE	PLACE (Stetu or Foreign	
	216 24 1014	1 M 2 XX	101	YRS.	IONTHS DAY	Houns	MIN. 9	(Month, Day, Yes	892	Country M d	•	
	9a. FACILITY NAME (If not institution, give :	street and number)		3	Bb. CITY, TOW	OR LOCATIO	N OF DEATH	Н	9c. COU	NTY OF DE	ATH	
DIRECTOR	6204 Rollin	g View	Drive		Sykesville Car						rroll	
입 입	10e. STATE 10b. COUNT			10c. CITY,	TOWN OR LO	CATION				10d, INSIDE CITY		
	Md. Carr	:011			Sykes	ville				10g. CITIZEN OF WHAT COUNTRY?		
₹ I	10e. STREET AND NUMBER					101. ZIP CODE			10g. CIT			
FUNERAL	6204 Rolling	View Dr	ive			217	84			U	.S.A.	
בָּילָ בַּיל	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI					ORIGIN? (Specifi Puerto Ricen, ato		14. RACE Black	- American Indian, White, etc.	
8	1 Never Married 2 Married 3 Never Married 2 Divorced	IF YES, GIVE Y		x		ES XXNO			,	Specif		
		1	- International					1		<u> </u>	White	
	15, DECEDENT'S EDU (Specify only highest grade		(Gr	ive kind of wo	SUAL OCCUP	TION most of working		18b. KIND OF	BUSINESS/IN	DUSTRY		
۳	Elementary/Secondary (0-12)	College (1-4 or 5	+) #re.	Do NOT use	emake	*		l H	ome			
불	н. S.			non	emake							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							(First, Middle, Mi retta		2.1		
8	Charles Goetz	zke										
2	19a. INFORMANT'S NAME (Type/Print) Edward H. Sch	nneider		6 2	04 RC	11ing	Vie	ew Dr.	Syke	svil	le, 21784	
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSIT		cemetery, creme			LOCATION -			
	Buriel 2 □ Cremetion 3 □ Ren Donation 5 □ Other (Specify)	noval from State	other pla	RCO)	Ceme				altim			
	21. SIGNATURE OF, FUNERAL SERVICE LI	CENSEE .			_	AND ADDRES	S OF FACILI	ITY				
	× 7/2: ~ 1) 4/	ID					Haig	ht Fu	nera	1 Home	
	Harry 11	Hay	akT.		P. (.Box	195	Sykes	ville	, Mc	1. 21784	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	a	caused the de ise on each line	VD		node of dylr	ig, such a	es cardiac or i	espiratory si	rreat,	Approximate Interval Between Onset and Death	
CERTIFICATION												
ERT	that initiated events resulting in death) LAST	d	(011 70 71 0011021	JOE 1102 01 /								
	PART ii. Other significant conditio	na contributing to	death but not a	neulting in	the underly	Ing cause d	iven in Pe	ort i Dan wa	S AN AUTOPSY	245	WERE AUTOPSY FINDINGS	
MEDICAL			doon but not i	osonang in	the divident	ing cause g			RFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE	
ا ۾	*							_ 1 □ YI	ES 2X NO		OF DEATH?	
		_						-	/ 4		1 TYES 2 NO	
ż												
ਹੈ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1	OTHER:	PLACE OF DE	ATH (Check	only one)				
<u>s</u>	1 🗆 YES 2 X NO		☐ ER/Outpatient 3		4 🗆 Nursing I	ome 6 Res	ildence 6 [☐ Other (Specify)			
27. MANNER OF DEATH 286. DATE OF INJURY (Month, Dey, Year) 286. TIME OF 18. INJURY AT WORK? 1 Netural 5 Pending												
ا ۵	Accident Investigation Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street end Number or Rural Route Number, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street end Number or Rural Route Number, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. PLACE OF INJURY — At home, farm, s							loute Number,				
	4 Homicide determined											
COMPLETE	cool	BICIAN: To the best of) end manner as stated.	
႘												
S BE	29b. SIGNATURE AND TITLE OF CENTIFIE	forsk	u gra	1		Zyc. LICE	339		29d. DA	7 - /	(Month, Day, Year) 7-94	
2)	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAL	SE OF DEATH (ITE	M 27) (Typs,		90 C	olle	o. P	0 5.	.k	11:11.	
	31. DATE FILED (Month, Day, Year)	MA2. REGISTR	AR'S SIGNATURE	-017	10	10 0	ULLE	76/	4.07	/LLS	VIIIC)	
	JUL 1 8 1993	A. A.	HAZ POST	n					/	V	ville, UD21784	

	REGISTRAR	200	CERTIFICATE OF DEATH REG.							
	1. DECEDENT'S NAME (First, Middle, Last)	D	. 5	2 () (2. DATE	OF DEAT
	TRUENUS	~ (- WE	LUY.					7	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is	net birthday) YRS.	MONTHS	1 YEAR	HOURS	R 24 HRS. MIN.	7. DATE	OF BIRTH
	9a. FACILITY NAME (If not institution, give st		100	YHS.					9/0	261
E	Augsburg Lu	theran	Hom	e	96, CITY	TOWN	or LOCAT	Lrh	EATH	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			I a	0					
DIRECTOR	m)			10c. CI	Y, TOWN C	H LOCA	L			
	10e. STREET AND NUMBER					10	f. ZIP COD	E	_	
FUNERAL	6716 Chishe	Olm					2	120	7	
5	11. MARITAL STATUS		NT EVER IN U.S. A						NIC ORIGIN? (Specify an, Puerto Rican, etc.)	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		WAR OR DATES	,,,,,			2 K NO			ricen, etc.
8	15. DECEDENT'S EDUC (Specify only highest grade		16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON	lea	168	. KIND OF
	Elementary/Secondary (0-12)	College (1-4 or 5		le. Do NOT u	se retired.)		b / /	ng .		
COMPL	801		J.		est	-	Nos	Kei	-	
- 1	17. FATHER'S NAME (First, Middle, Last)	ames	W. SKi.	nner	^		18. MOT	HER'S NA	ME (First,	Middle, Ma
H C	19a, INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRES	S _s (S)treet a	and Numbe			ber, City or
2	Gloria Kay	1		671	6 (his	hola		rue	
	20a, METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Rema	oval from Stata	20b. PLACE cemejery, c	emetory or		ITION IN	ame of		7/19	E 200
H	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	FNSFF		0001	awn	Ce	met.	lvy		199 1
	- U a a				14	ar	chi	E.H	· W	est
	Dlady	War	لبق				4	130	00	U
	23. PART I. Enter the diseasea, or of ahock, or heart failure.	List only one ca	at caused the d use on each lin	na.	not enter	the mo	ode of dy	ring, suc	th aa can	diec or r
	iMMEDIATE CAUSE (Final disease or condition	A	PIRAS	100		K	NA) m =		1
	reaulting in death)	a. DUE TO	O (OR AS A CONS				NEC	11116		4
z		b								
CATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
2	CAUSE (Disease or Injury	C	O (OR AS A CONS	EQUENCE :	P.					
RTIF	that initiated events resulting in death) LAST		Z (UR AS A CUNSI	EUUENCE (r-):					
8		d								
B	PART II. Other aignificent condition	contributing to	OCT	reaulting	in the ur	derlyin	g cause	given in	Part i.	24a. WA
	17(44)	LINH	14	BE	1116	NI	H			1 🗆 YE
N.		37							_	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (C)	eck only o	ne)
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE!		ne 5 🗆 A	lesidence	6 🗆 Oth	er (Specify)
F	27. MANNER OF DEATH	26a. DATE O (Month,	F INJURY Day, Year)	26b. TII			JURY AT		4	SCRIBE H
ВУ	1 Accident 5 Pending Investigation				М	1 🗌	YES 2	NO		
ED	3 Suicide 6 Could not be determined	26a. PLACE building	OF INJURY — AI I j, etc. (Specify)	nome, farm,	street, faci	ory, offic	00		281. LOC City	or Town, S
F										

IE AND TITLE OF CERTIFIER

1994

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ie Devidson-Randoge

94 20781 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH MONTH 3. TIME OF DEATH B. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY 1 TES 3 NO WHAT COUNTRY? S DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-rea, specify Cuban, Mexican, Puerto Rican, etc.)

YES 2 NO Specify: 14. RACE --- American Indian, Black, White, etc. Specify: Black 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Surname) R. Watts 7/19/94 F.H. Was7 Approximata Interval Between Onset and Death e mode of dying, such as cardiec or respiretory arrest, NEUMONIA 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 THO 1 YES 2 NO

28d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

PARK

20c. LICENSE NUMBER

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

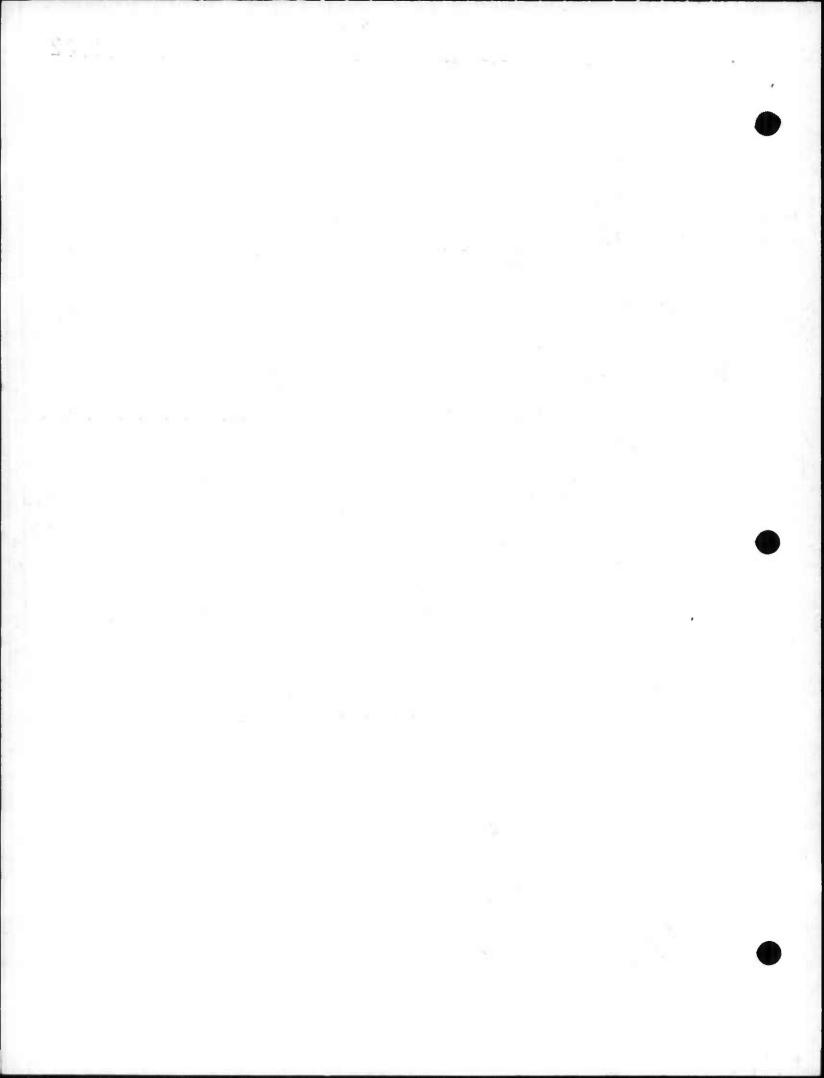
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	- STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG, NO.
1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH NONTH OAY YEAR 3. TIME OF DEATH
	VANIE TINGLETHEY 87 14 94 3:45 AM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGÉ (In yrs. last birthday) 1 VRS. MONTHS DAYS HOURS MIN. 7. DATE OF SIRTH (Month, Day, Plear) 1 VRS. MONTHS DAYS HOURS MIN.
	99. FACILITY NAME (If not institution, give street and number) 99. CTT, TOWN OR LOCATION OF DEATH 99. COUNTY OF DEATH
OR	University of MARY AND Galtimor Ecity
DIRECTOR	MESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY FOWN OR LOCATION 100. INSIDE CITY
DIR	Maryland BAllinore
	100. STREET AND NUMBER 7220 McClean Blvd. 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?
FUNERAL	HOMELESS 0/234 4.5,H.
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No—Black, White, etc.) 14. RACE — American Indien, Black, White, etc.
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 DNG Specify: Specify: Specify: Blacks
TED	15. DECEOENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) (Give kind of work done during most of working)
PLE	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)
COMPLET	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surreme)
BE C	1 JAmes Singletarely SR & Virginia Ricks
2	190 MAILING ADDRESS (Street and Number or Rural Route Number of the Street, Zip Code) 19b. Mailing Address (Street and Number or Rural Route Number of the Street, Zip Code) 7220 McCle m Blvd. Balto. Md. 21234
	200. METHOD OF DISPOSITION 200 PLACE AND DATE OF DISPOSITION (Norman)
	1 Buriel 2 (a Cremetion 3 Removal from State 4 Dornation 5 Other (Specify)
	21. SECHATURE OF FUHERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITYS FUNCTIAL HOME!
	Loseph J- Kuss 332 W. North Ave, Balto, mr. 21216
	23. Part I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdlec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate interval Between
	IMMEDIATE CAUSE (Final
	disease or condition resulting in death) e. FORTIC INSULTION CY Due TO (OR AS A CONSCOUENCE OF):
Z	Sequentially list conditions, b. ENDO CARDITIS
ATIO	DUE TO (OR AS A CONSEQUENCE OF): til any, leading to immediate cause. Enter UNDERLYING
읈	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	resulting in death) LAST
CAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
	INTRAVENSUS DRUG ABUSE PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? OF DEATH?
MEDI	1 U YES 2 000
AN.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DE 25. WAS CASE REFERRED TO MEDICAL
PHYSICIAN:	25. Was case reference to Medical EXAMINER? 1 YES 20 NO 1 POSPITAL: 1 Dispatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)
Ä	27. MANNER OF DEATH 286. OATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY ORK? (Month, Day, Year) 286. TIME OF INJURY ORK? (Month, Day, Year)
ΒΥ	2 Accident Investigation M 1 YES 2 NO
	3 Suicide 8 Could not be detarmined 4 Homicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, ferm, street, fectory, offics building, etc. (Specify) 28s. PLACE OF INJURY — At home, ferm, street, fectory, offics City or Town, State)
COMPLETED	On Apprilies
M P	(Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data end place, and due to the cause(s) and manner ee attend. Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and manner ee attend.
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED, (Month, Pay, Year)
TO BE	MORTON R. RINDER, MD, D45983 D7/14/RY
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	31. DATE FILED (Month, Day, Year) J. S. CRECNE ST. BACTIMORE Md. 21201
	JUL 181994 France



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

_	
`-	?
68760	•
Ւ	
'n	
*	
Œ	•
×	
_	7
C)
ROX	
ш	1
_	
С)
_	
0	
-	
0	-
00	š .
v.	,
Г	١.
	•
п	
C	
u	,
7	
u	,
11	
-	4
m	
_	
_	
⋖	
V	
_	
-	
>	
ħ.	
Ξ	
)
-	
7	
Z	
Z	
Z	
Ç	
Z C	
NC S	
NO'S	
NCISIO	
NCISIA	
NOISION	
NCISINIO	
NCISINIO	
NCISINIO	The second second
NCISINI	College.

9

		1. DECEDENT'S NAME (First, Middle, Last,	5CH1	niOT	-		2.	DATE OF DEATH	3 9	3. TIME OF DEATH P	
	- 3	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthda		-		DATE OF BIRTH (Month, Day, Year)	1.0	BIRTHPI ACE (State or Formion	
Pla	1 1	171 16 2077	1 □ M 2 🔀 F	78 YRS		AYS HOURE		Mar.28,1916 Pennsylva			
3 should	æ	90. FACILITY NAME (If not institution, give Suburban Hospita				96. CITY, TOWN OR LOCATION OF DEATH Bethesda			9c. COUNTY OF DEATH		
.2	16	RESIDENCE OF DECEDENT	Bethesda Montgomer					ollery			
it. Pages	DIRECTOR	Maryland Mon	w tgomery		TWOOD ON L	OCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
physician. burial-transit permit, Pages 1, 2,	FUNERAL	100. STREET AND NUMBER 15717 Indianola	Drive			101. ZIP CODE 20855			USA	OF WHAT COUNTRY?	
D 2	B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 ☐ IF YES, GIVE WAR	YES 2 NO	- If ye	DECENDENT OF s, specify Cuban, YES ZONO	, Mexicen, P	ORIGIN? (Specify Yeu uarto Rican, etc.)	e or No- 14.	RACE — American Indian, Black, White, etc. Specify: White	
hospital or attending ached for use as the	be notified at once. TO BE COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondery (0-12) 12	UCATION fe completed) College (1-4 or 5+)	(Give kind	use retired.)	PATION ng most of working		City of		TRY	
		17. FATHER'S NAME (First, Middle, Last)		12472022	OZCZ31	16. MOTH	ER'S NAME	(First, Middle, Meiden		oargii	
6 6 6		Herman Burkhart						iscoll			
be retained to ge 5 should		190. INFORMANT'S NAME (Type/Print) Barbara Benz						e Number, City or Tow YWOOd, Mi			
e 6 may ector, pag		20e. METHOD OF DISPOSITION 1 □MBurtel 2 □ Cremation 3 □ Res	moval from State	20b. PLACE AND DA						or Town, State	
Page 6		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Northside		LIC CEM			tsburg	n, Pennsylvania	
death.		· Auculla	aufeelle	-	Ive:	S-Pearson,	on Fu VA	neral Hor 22201			
5 5 5		23. PATT I. Enter the diseesea, or shock, or heert fellure	complications that co. List only one cause	eused the deeth. D on each line.	not enter the	mode of dyln	ig, auch a	a cerdiac or reep	iratory arrest	, Approximate Interval Between	
ompletely filled if, cremation, or		IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	· Pulu	onary	em	yolus				Minutes	
ficate be execute physician and come prior to burian and come prior to burian attentions.		Sequentisity liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Isch a	R AS A CONSEQUENCE	au cho	byo		thy			
			d								
igned by lealth and le	MEDICAL	Chronic Gartic	atrial atrial stenosos	tiswill	g in the under	riying ceuse gi	ven in Par	t I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
SICIAN: The law requision of the State Dept. of Hith the State Dept. of Hith ar Herm 23 show	2	DID TOBACCO USE			F DEATH	YES 🖂	NO I			1 TYES 2 NO	
N: The la icate has State De	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DE	ATH (Check	only one)			
ICIAN:	IXSI	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 El		4 - Nursing	Home 5 Ree					
NG PHYS fter this ceath with	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,		INJURY	WORK?		d. DEŞCRIBE HOW I	NJURY OCCUR	ED	
ATENDING PHYSICIAN: The law LIB: After this certificate has better death with the State Dept. The marked or them 23.		3 Suicide 8 Could not be 4 Homicide detarmined	28a, PLACE OF II	NJURY — At home, farr (Specify)	n, street, factory,	offica	28	f. LOCATION (Street City or Town, State)		Rural Route Number,	
OFES		29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as attend.									
P 900 2	8 2	29e. CERTIFIER (Check only	SICIAN: To the best of my	knowledge, death occ	urred at the time,	date end place,	end due to t	the cause(e) end mai	nner se stated.		
CHANGE THE PARTY OF THE PARTY O	層	(Check only CERTIFYING PHY								nuse(s) end menner as stated.	
TO THE HOSPITAL ON THE PRINCIPLE OF FIRST WITH THE PRINCIPLE OF THE PRINCI	COMPL	(Check only CERTIFYING PHY	IER: On the beale of axam			on, death occure		e, date and place, en	nd due to the c	GNED (Month, Day, Year)	

COMPLETED CAUSE OF DEATH (ITEM 27) (Type.

Jandson Rando po

BAYER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

851... 7.1 BALTIMORE, MARYLAND 21215-0020

!

DIVISION OF VITAL RECORDS, P.O. BOX 68760

OTHE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled it by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be flact within 2 state Dept. of Health and Mental Hygiene prior to burial, cemation, or removal.

WINDORTAN: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTHAR			ENIIF	CATE	UF	DEATH	i	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last						-	2. DATE OF MONTH	DEATH	W .	YEAR	3. TIME OF DEATN		
	JOHN F.	SCHAEFER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR					T	14	4 1994 501 AM					
		5. SEX 6		ast birthday) YRS.	IF UNDER 1	YEAR DAYS	HOURS MIN.	7, DATE OF (Month, D	BIRTH my, Ybar)		s. BIRTH Countr	PLACE (State or Foreign y)		
	220-44-3640 9a. FACILITY NAME (If not institution, give		81_	THS.				12-29-12			MARYLAND			
œ					9b. CITY, 1		OR LOCATION OF DE				NTY OF D			
DIRECTOR	1920 TADCASTER	ROAD				C	ATONSVIL	LE			BALT.	IMORE		
<u>ا</u> ي	10e. STATE 10b. COUN	TY		10c. CITY	0c. CITY, TOWN OR LOCATION 10d. II							10d. INSIDE CITY		
5	MARYLAND	BALTIMOR	E		(TAT	ONSVILLE				- 4	LIMITS?		
A	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?		
FUNERAL	1920 TADCASTER	ROAD					21228	R			II C	S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT					ENDENT OF HISPAN	VIC ORIGIN? (S		or No-		— American Indian,		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X		NO			ecify Cuban, Mexica 2500 Specify		n, atc.)		Speci	tv:		
8												WHITE		
	15, DECEDENT'S ED (Specify only highest grad			Give kind of w	vork done du	ring mo	ON ist of working	16b. KII	ND OF BUS	INESS/INI	DUSTRY			
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)		fe. Do NOT us							_			
COMPLETE	17. FATHER'S NAME (First, Middle, Last)	5+		PHYSI	CLAN	_			EALTI		Œ			
	HARRY F. SCHAEF	T-D					18. MOTHER'S NA AGNES I			Sumame)				
B	19a. INFORMANT'S NAME (Type/Print)	LAC	1	Ob MAII ING	ADDRESS /	Ctenal e	and Number or Rurel I			- Ctata W	0.4.			
임	NAOMI SCHAEFER	(WIFE)					R ROAD C				,	21220		
	20a. METNOD OF DISPOSITION			E AND DATE O				DATE	7					
	1 Donation 5 Other (Specify)	moval from State	cemetery, cr	rematory or ot CREM	her place) ΔΤΟΡΥ	7	07-16-9	_1 .		OCATION — City or Town, State ONSVILLE MARYLAND				
- 1	21. SIGNATURE OF PURERAL GERVICE L	ICENSEE /	1)	/ CICLE!	22. NAME AND ADDRESS OF FACILITY									
- 1	Luggera	M & RUSS	SELL C	WITZ	ZKE E	UNEF	RAL HOMES							
-		-	1		163	30 1	EDMONDSON	V AVEN	UE C	MOTE	VILI	E MARYLAND		
ł	23. PART I. Enter the diseeses, or shock, or heart fallure	List only ona ceuse	on each lin	na.	ot enter ti	he mo	de of dying, suc	h se cardisc	or respi	ratory an	reat,	Approximata Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition	1	· ·	1/2.			7					Onset and Death		
	resulting in death)	o. Chales	we 1	HE CON	Vro	all.	we							
_	disease or condition resulting in death) o. Constative Heart Farline Oue TO FOR AS A CONSCOUENCE OF: Sequentially list conditions. Sequentially list conditions.													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
¥.	cause. Enter UNDERLYING													
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSE	EOUENCE OF):									
	resulting in death) LAST	d												
	PART II. Other significant condition	one contribution to de	anth but ant	manufalma I	- 4h 4									
CAL			resulting in the underlying couse given in Part					PERFOR		246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
	A. J.	no-	1:40		114		_ 1	YES 2	NO		OF DEATH?			
Σ	DID TOBACCO USE	5 Some	INORAL	1e - a	MIM					ŀ	1 TYES 2 NO			
A N	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	TO CA	USE OF	DEAT	* 1	YES NO							
PHYSICIAN:	EXAMINER?	HOSPITAL:		. = . 5.	OTHER:		ACE OF DEATH (Ch							
<u>~</u>	27. MANNER OF DEATH	1 Inpatient 2 E		3 LI DOA		_	e 5 KRealdence			1 11 11 11 0 0	011000			
	1 Natural 5 Pending	(Month, Day,		INJ		WO	PRK?	28d. DESCR	BE HUW IF	AJURY OC	COMED			
À	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF I	NJURY — At h	nome, farm, a	treet, factor			28f. LOCATIO	N (Street e	nd Numbe	or Burni B	Inute Number		
	4 Homicide 6 Could not be	building, etc	c. (Specify)						own, State)					
"	29e. CERTIFIER CERTIFYING DAY	SICIAN: To the heat of an	. beautides a			-	-200 1000 200			255				
COMPLET		SICIAN: To the best of m												
8					n, an my ope	mon, u			place, and					
# I	296. SIGNATURE AND TITLE OF CERTIFI	Ma	^				29c. LICENSE NUN	ABER O		29d. DAT	E SIGNED	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON W	ween M	OF 05/511 (=	F11 077 (7	D (a)		1306	982		- /	1641	194		
		MICH M		_	_	4	0.0	R	11 -	1	10			
.		32. BEGIŞTRAR'S		900	MIX	IN	11/2	1-50	um	11	192	1229		
j	JUL 1. 8 1994	Jula Davidson	-Aandel	2										
	(1											

Jumes Ste

Consertine Heart Failure attrioclarlic Codiniscalar Paretae

Emphysamo Soint bisease - diffue

grand H Miller MD 900 CATONAUS Belline Md 21229

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	REGISTRAR		CI	ERTIF	ICATI	E OF	DEATH		REG. NO.						
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DEATN	v	YEAR 3.	TIME OF DEATH			
	Daisy Schmitt								7-15-94 150						
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	at birthday)	IF UNDER	DAYS	IF UNDER 24 HRS.	7. DATE OF (Month, E		1	B. BIRTNPLA Country)	CE (State or Foreign			
		1 M 2 X F	87	YRS.				4-1	9-19						
~	9s. FACILITY NAME (If not institution, give str				9b. CITY	, TOWN	R LOCATION OF	DEATH		9c. COUNT	Y OF DEATI	н			
6	John Hopkins Ba	ayview 1	Med. C	tr.	B	alt	imore								
ដ្ឋា	10s. STATE 10b. COUNTY			10c, CIT	Y. TOWN	OR LOCAT	TON				104	I. INSIDE CITY			
DIRECTOR	Md Palhimore Dandall											LIMITS? YES 2 THO			
	10e. STREET AND NUMBER						ZIP CODE		_	10a, CITIZI		COUNTRY			
ER/	89 Dundalk Aver	niie			21222					U.S.A.					
FUNERAL	11. MARITAL STATUS	12 WAS DECEDENT	EVER IN U.S. AF	RMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Spe-							American Indian, hite, stc.			
7	1 Never Married 2 Married	FORCES? 1 (YES 2 TH	NO			ecify Cuban, Mexi 2 1 NO Spe		an, etc.)		Specify:	hite, etc.			
ВУ	3 Wildowed 4 Divorced						X	<u></u>			Whi	te			
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	/G	CEDENT'S	work done		ON st of working	16b, K	ND OF BUS	INESS/INOU	STRY	Talle 1			
E	Elementary/Secondary (0-12)	College (1-4 or 5+)		. Do NOT us											
M	10 yrs		H	omen	iake	r	,		wn H						
	17. FATNER'S NAME (First, Middle, Last)						18. MOTNER'S	IAME (First, Mid	die, Maiden 3	Sumame)					
BE	N/A 19s. INFORMANT'S NAME (Type/Print)		1				N/A								
2	John P. Schmi						nd Number or Run					. 01101			
	20. METHOD OF DISPOSITION		20b. PLACE					e Ave			X , M	d.21131			
	**Description Description A Description Descriptio	val from Stats	cemetery, cre	emetory or o	ther place!			1							
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	IGard	ens	O.F.	Fai	t.h	7 → 1 b — FACILITY	94	4 Balto.,Md. Funeral Home, 222.					
	D 11 . 12	Ediso	on M.P	erkı	.ns	Bra	dley-A	shton	Fun	eral	Hom	e; 2 fric.			
	23. PART I. Enter the diseeses, or co	tuns	200083		12	134	MITTO	w Spr	ing	Rd.,	Balte	o.,Md.			
		large	INTEGORAS A CONSE	CL FC	-			ige				Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST														
E	- 0														
	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPS' PERFORMED?										24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
EDICAL	Dementia				1	YES 2		CO	COMPLETION OF CAUSE OF DEATH?						
ME												YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1	28, PLACE OF DEATH (Check only one) OTHER:										
YSI		HOSPITAL: 1 Inpetient 2 I	ER/Outpetlant 3	□ DOA			e 5 🗆 Rasidenc	6 🗆 Other (S	Specify)						
H	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF I (Month, Da		28b. TIM	E OF JURY	28c. INJ WO	URY AT	28d. DESCR	RIBE NOW IN	JURY OCCL	IRED				
BY	1 Netural 5 Pending 2 Accident Investigation				М		rES 2 NO								
ED	3 Suicide 8 Could not be 4 Homicide determined	INJURY — At he tc. (Specify)	ome, ferm, :	street, fec	tory, offic			281, LOCATION (Street and Number or Rural Route Number, City or Town, State)							
E															
COMPLET	29s. CERTIFIER (Check only one)														
8	2 MEDICAL EXAMINER	he time, data ar	d placs, and	dus to the	cause(s) an	d manner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIED	16	110				29c. LICENSE N			h		onth, Day, Year)			
5	7777	- /	40				JHBMC:	44412	7	7-	15-9	4			
	JOHNS HOP					101									
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAF		N	Cecti	CUI	Center					- 12			
	JUL 1 8 1994 A	The Dander	- Andre												
19	//														

1 - STATE

A SOCIAL SECURITY NUMBERS S. SCH S. ARE OF YTS IN LOTTORYS PLOGES I TEAM I SURGED AS MEET, 240, 47.79 III S. 2 P. ARE OF YTS IN SURGED AS MEET, 240, 47.79 III S. 2 P. ARE OF YTS III SURGED AS THE STATE I SURGED AS MEET, 240, 47.70 III S. 2 P. ARE OF YTS III SURGED AS MEET, 250, 47.70 III S. 2 P. ARE OF YELL IS, 19.19 P. PRINTY U.S. ANALON PERSONS OF DECEDERARY INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF DEATH OF THE STATE AND NUMBERS INC. COUNTY OF THE STATE AND NUM		REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	0.						
Security Number S. SEX S.	1	1. DECEDENT'S NAME (First, Middle, Last) ALICE.E SCHU	JARTZ A	ALICE E.	SCHWAR	ΓZ			EAR					
MAGNOLTA GARDENS NURSING HOME MAGNOLTA GARDENS NURSING HOME MAGNOLTA GARDENS NURSI GARDENS NURSI GARDENS NURSI GARDENS NURSI GARDENS NURSI GARDENS NURSI		545-40-4379	□ M 2 🂢 F				(Month, Day, Year)	0.	Country)					
THE STATE AND NUMBER 106. STREET AND NUMBER 106. CITIZEN OF WART COUNTRY U.S.A	TOR						EATN							
106_STREET AND MURBER 106_STREET AND MUR		10a. STATE 10b. COUNTY		10c. CITY	LAUR	TION		LJMITS?						
S. CECEDENT'S EDUCATION 194.3 194.7 194.0 19	NERAL	9096 CHERRY LANE			10		10g. CITIZEN OF WHAT COUNTRY?							
Elementary/Secondary (0-12) Beamontary/Secondary	1 Never Married 2 Married	FORCES? 1 TYPES	U.S. ARMED 2 MAO TES	If yes, sp	ecify Cuban, Maxico	in, Puerto Ricen, etc.)	fes or No— 14	Black, White, etc.						
JOHN F. GOODWIN 196. INFORMANT'S NAME (**/popPrint) 196. MAILING ADDRESS (Street and Number or Partil Routin Number, City or Rown, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Partil Routin Number, City or Rown, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Partil Routin Number, City or Rown, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Partil Routin Number, City or Rown, State, Zip Code) 197. MAILING ADDRESS (Street and Number or Partil Routin Number, City or Rown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rarial Routin Number, City or Rown, State, Zip Code) 207. MAILING ADDRESS (Street and Number or Rarial Routin Number, City or Rown, State, Zip Code) 208. MAILING ADDRESS (Street and Number or Rarial Routin Number, City or Rown, State, Zip Code) 209. MAILING ADDRESS (Street and Number or Rarial Routin Number, City or Rown, State, Zip Code) 209. MAILING ADDRESS (Street and Number or Rarial Routin Number, City or Rown, State, Zip Code) 209. MAILING ADDRESS (Street and Number or Rarial Routin Number, City or Rown, State, Zip Code) 209. MAILING ADDRESS (Street and Number or Rarial Routin Number, City or Rown, State, Zip Code) 209. MAILING ADDRESS (Street and Number or Rarial Routin Number, City or Rown, State, Zip Code) 209. MAILING ADDRESS (Street and Number or Rarial Routin Number, City or Rown, State, Zip Code) 209. MAILING ADDRESS (Street and Number or Rarial Routin Number, City or Rown, State, Zip Code) 200. MAILING ADDRESS (Street and Number or Rarial Routin Number, City or Rown, State, Zip Code) 200. MAILING ADDRESS (Street and Number or Rarial Routin Number, City or Rown, State, Zip Code) 200. MAILING ADDRESS (Street and Number or Rarial Routin Number, City or Rown, State, Zip Code) 200. MAILING ADDRESS (Street and Number or Rarial Routin Number, City or Rown, State, Zip Code) 200. MAILING ADDRESS (Street and Number or Rarial Routin Number, City or Rown, State, Zip Code) 201. MAILING ADDRESS (Street and Number or Rarial Ro	15. OECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY													
JOHN F, GOODWIN 196. INFORMANTS NAME (*/type/Print) 196. MAILING ADDRESS (Street and Number or Pural Route Number, City or Rown, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Pural Route Number, City or Rown, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Pural Route Number, City or Rown, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 197. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route	₽	8	Ø	NURSE			HEALTH							
196. MALING ADDRESS (Street and Number of Number of Number City or Town, State, Zip Code) 207.23 206. METROD OF DISPOSITION 1 Surfal 2 Coremation 3 Removal from Stata 4 Donation 5 Other (Spochy) 21. BIGMATURE OF FUNERAL SERVICE CONSES 22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. 7601 SANDV SPRING ROAD, LAUREL, MD 20707 23. PART I. Enter the diseases, or complications that caused the death Depot enter the mode of dying, such as cardiac or respiratory arrest, interval Between condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQ		JOHN F. GOODWIN						en Surname)						
20. METHOD OF DISPOSITION 20. METHOD OF DISPOSITION 20. DATE 20. LOCATION — City or Town, State 20. DATE 20. LOCATION — City or Town, State 20. DATE 20. LOCATION — City or Town, State 20. LOCATION — City or Town, State 20. LOCATION — City or Town, State 20. LOCATION — City or Town, State 21. SIGNATURE OF FUNERAL SURWING DICENSES 22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. 7601 SANDY SPRING ROAD, LAUREL, MD 20707 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or conditions) If any, leading to immediate cause. Enter UNDERFLYING CAUSE (Disease or Injury that initiated events) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions contributing to death, but not resulting in the underfying cause given in Part I. PROPRIES (Disease or Injury that initiated events) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 1 YES 2 HAD 1 YES 2 HAD 1 YES 2 HAD 20. DATE LAUREL, MARYLAND 20. LAUREL, MARYLAND 20. LAUREL, MD 20707 ADALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 HAD 21. WAS AN AUTDREST 22. WA														
22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. 7601 SANDY SPRING ROAD, LAUREL, MD 20707 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR A														
23. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part I. 23. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part I. 24. WAS AN AUTOPSY PHODING AND AUTOPSY PROPORTY TO COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE		1 Donation 5 Other (Specify)	Br	ALTIMURE	"WASHIN	GTON CRE	M LA	UREL, M	ARYLAND					
Interval Between Interval Between Interval Between Onset and Death		V Colasi	De la	000	7601	SANDY S	PRING ROAT	D, LAUR	EL, MD 20707					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (or as a consequence of): DUE TO (or as a consequ		23. PART I. Enter the diseases, or com	plications that caused	the death. Do.p.	ot enter the mo	de of dying, suc	h as cardiac or res	piratory arrest	. Approximate					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING c. DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part II. PAR		IMMEDIATE CAUSE (Final disease or condition	Breart	dai	ran.	Dick	any.	meta	A Court and Court					
PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part I. Complete Stock S	ATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR A5 A CONSEQUENCE OF):												
PART II. Other significant conditions contributing to death-but not resulting in the underlying cause given in Part I. 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 HAP 1 YES 2 H	RTIFIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF	=									
PENFORMED? AMALABLE PRICE TO COMPLETION OF CAUSE OF DEATH PENFORMED? AMALABLE PRICE TO COMPLETION OF CAUSE OF DEATH 1 YES 2 HO 1 YES 2 HO		BAST II. Other significant conditions of	notellication to death but											
		Complete	Shull	not resulting in	the underlying	0/	1 🗆 YES	ORMED?	MINILABLE PRIOR TO COMPLETION OF CAUSE					
EXAMINER? HOSPITAL: OTHER:		25 WAIT CASE REFERENCE TO METURAL	Jan	and &	a		6		1 TYES 2 NO					
0) 1 YES 2 NO 1 Input set 2 ER/Outpetient 3 DOA 4 Chursing Home 5 Residence 5 Dites / Service	SC	EXAMINER? H			OTHER:									
7	Ť		28a. DATE OF INJURY	36b, TIME	OF 28c. INJ	TA YRU	PRODUCTION OF THE PROPERTY OF THE PARTY OF T	BUURY OCCUR	ED					
1 15 returns 3 Pending			(Month, Deg. Year)	INJU	The second secon	Section 1			77/					
		2 Accident												
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as steted.	OMPLE	(Check only CERTIFYING PHYSICIAN							suse(a) and manner as stated.					
0/3338		Q. //	Pa Othe	•		710	~ ~ ~	▶ 7	110 18/					
30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	10	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEAT	H (ITEM 27) (Type,	Printy	10:40	En Si	~ Ro	un Bou					
31. PATEIFILED (Magnitus Day Hear) 32. REGISTRAR'S SIGNATURE 2016. 2016.	- #	31. PATE FILED (Marthy Day Year)	1 /	TURE		VIII I	an O	The	I serje					

0.

0	
CA	
0	
002	
- 1	
S	
_	
Ò	
-	
2	
· CA	
-	
7	
A	
LA	
_	
-	
MARY	
Ø	
_	
S	
1.1	
-	
œ	
\circ	-
5	
450	
_	(
LTIMORE	
_	1
BAL	
-	
\Box	

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a closure after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPIT	TO THE FUNERA	be filed within 7	IMPORTANT: I

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF HEALTI	H AND ME	NTAL HYGIEN							
	1. DECEOENT'S NAME (First, Middle, Last) Elaine 4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE	mith			DATE OF DEATH	94	0:0au					
	218-26-6884 9e. FACILITY NAME (If not institution, give s	1 M 2 F	92 YRS. MO	UNDER 1 YEAR IF UND NTHS DAYS HOURS D. CITY, TOWN OR LOCA	MIN.	Month, Day, Year)	332 8. B	IRTHPLACE (State or Foreign ountry)					
DIRECTOR	CHURCH H	H HOSP, BALTIMORE											
	10a, STATE 10b, COUNTY		10d. INSIDE CITY LIMITS? 1 YES 2 NO										
FUNERAL		833 S. BOULDIN ST. 21224 U.S.											
D BY FI	1 Never Merried 2 Married 3 Widowed 4 Divorced	FDRCES? 1 YES	2 ND	If yes, specify Cui		RACE — American Indian, Black, White, atc. Specify: WHITE							
COMPLETER	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0.12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during most of war	CUPATION 16b. KIND OF BUSINESS/INDUSTRY Wing most of working MAYTILLS								
BE COM	17. FATHER'S NAME (First, Middle, Last)	WATE	45	18. MC	THER'S NAME	(First, Middle, Maiden	1EC						
2	196. INFORMANT'S NAME (Type/Print). ARTHUR W. SMITH 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 833 S. BOULDIN'ST. BAUTO., MD. 21224												
	20a METHOD OF DISPOSITION 1	noval from Stata	n PLACE ANODATEOFO	SEM.	7-1	344 8	ALTO.	G. MD.					
	· Thomas	J. Afan	loh.	HOFFM	AUD-S	SKAR-DA	FH.3	218 HUDSON					
	23. PART I. Enter the diseases, oxcomplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failura. List only one cause on each lina. IMMEDIATE CAUSE (Finel disease or condition resulting in death) e. Crebral Ascular Accident												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST OUE TO (DR AS A CONSEDUENCE OF): DUE TO (DR AS A CONSEDUENCE OF): DUE TO (DR AS A CONSEDUENCE OF): DUE TO (DR AS A CONSEDUENCE OF):												
MEDICAL C	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Corney arty discuse Typertensium Renovascular disease												
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	rellutus,			DEATH (Check	only one)							
PHYSI	1 VES 2 NO 27. MANNER OF OEATH	1 YES 2 NO Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER DE DEATH 288. DATE DE INJURY 288. TIME DE 286. INJURY AT 286. DESCRIBE HOW IN HER OCCURS OF THE DESTRUCTION OF THE DESTR											
B	Natural 5 Pending Investigation 28s. PLACE DF INJURY — All home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route N												
COMPLETED	4 Homicide detarmined 29a. CERTIFIER (Check only) CERTIFYING PHYSI	ICIAN: To the best of my know		t the time, data and plac	ca. and due to	City or Town, State)	hetete es ren						
200	one) 2 MEDICAL EXAMINE	R: On the basis of examination		n my opinion, death occ	ured at the tim	e, data and place, an	d dua lo lha cau						
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	Coll		D	3886	32	29d. DATE SIG	NED (Month, Day, Year)					
	30. NAME AND ADDRESS OF PERSON WH	H-Talib,	Church	"Home Ho	8pital	, Bal	throne	MD					
	JUL 1 8 1994	32. REGISTRAR'S SIGN	MANUELLS		1								



13.1. 12

	٠
0	
9	-
_	7
∞	1
9	1
~	i
\simeq	1
Ų	1
മ	1
	9
\circ	1
о_	4
	ď
ഗ	7
Ω	the state of the Atlanta Sanda has been de-
~	-
$\overline{\sim}$	į
\mathbf{c}	1
O	
ш	
~	
-	
_	1
⋖	
\vdash	F
	:
>	3
l i	5
=	- 5
V	2
7	1
	3
U	i
70	:
77	Ì
>	
	9
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The section of the State of
	1
	-5

	_	1 - STATE REGISTRAR		SIAIL OF I	VIANT LA					DEAT		WEN IAL HY	GIENE G. NO.				
	,	MONTH DAY YEAD A												TIME OF DEATH	н		
		4. SOCIAL SECURITY NUMB	b (c. 4.)	st birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.						15,		1700	M				
		220-24-55		5. SEX		in yrs. last bi 65	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan 6	Monet		Country)	LACE (State or For	reign
pinous		9a. FACILITY NAME (If not in:	stitution, give s	treet and number)				9b. CITY	, TOWN O	R LOCATIO	ON OF DE	ATH O		29 Penna 9c. COUNTY OF DEATH			-
2, 3 sl	стов	8218 Ros		Ave				I	und	a1k				Ba 1	time	ore	
	LUI I	RESIDENCE OF DEC	10b. COUNTY	Y			Inc CIT		OR LOCAT							od. INSIDE CITY	
. Pages	DIR	Md.				la1k							LIMITS?	NO			
permit.	AL.	10e. STREET AND NUMBER				101.	ZIP CODE	E		1	log. CITIZI		AT COUNTRY?				
n. ansit	VER	8218 Rose					21	222			USA	JSA					
215-0020 attending physician. ise as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 3 N Widowed 4 Divor	U.S. ARME 2 NO NTES	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— If yes, specify Cuben, Maxican, Puerto Rican, stc.) 1 YES X NO Specify:							14. RACE — American Indian, Black, White, atc. Specify: White						
215-00	ED	15. DEC	(Give	s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					16b, KIND OF BUSINESS/INOUSTRY								
0 -	LET	Elementary/Secondary (0-12) College (1-4 or 5+)					life. Do NOT use retired.) Estimator					Win	ahos	***		Sons	
AND the hospital detached for	COMPL	17. FATHER'S NAME (First, MI	102		шасс	71	16 MOTA	HED'S NA	ME (First, Middle,			Öc i	sons				
अ दिन	C	Lester L						Shou		rriuiriu)							
MAR retained 5 should notified	TO B	19s. INFORMANT'S NAME (7)	19b. k	AAILING	AOORES	S (Street s			Route Number, City		State, Zip (
be 5	F	Melissa W	18 Rosebank Ave. Baltimore, Md. 21222								2						
6 mar		20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place) Gardens of Faith 20c. LOCATION — City or Town, State 7/19 Baltimore Md.															
Page al direc		21. SIGNATURE OF FUNERAL		CENSEE	- 0	n	1115	22.	NAME AN	O ADDRES		CILITY					
BALTIN er death. Pag the funeral di val. i examiner		> Col-	t	Conn	ell	ly		C	onne	11y Sol1	Fune	eral Hon Pt Rd.	ne of	Dur	ndalk Md	: 21222	
Ours after d in by the or removal		23. PART I. Enter the di	seasaa, or o	complications the	t caused	the death	h. Do r	ot enter	tha mo	de of dyl	ing, suci	h ss cardiac o	reapirat	lory srre	st,	Approxima	
ely fille nation,		ahock, or heart fellura. List only one ceuse on seel fine. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or As a consequence of):															
P.O. BOX 688 inth certificate be execute tending physician and continue prior to burian or other traumatic	CERTIFICATION	Sequentially list conditi if sny, leading to immed cause. Enter UNDERLYI CAUSE (Disease or Inju that Initiated events resulting in death) LAS	diate NG ry	C	(OR AS A	CONSEQUE	ENCE OI	F):				V					
RECORDS, R w requires that the death been signed by the atte pt. of Health and Mental shows any Injury,	MEDICAL	PART II. Pither significa	obstr	inchire 6	Juh	w.jm	dry	de	sea		olvan in	10	MAS AN AU PERFORME YES 2	ED?	a d	VERE AUTOPSY FIN MAILABLE PRIOR TO COMPLETION OF CAPE DEATH?	TO AUSE
The law rite has b ate Dept.	SICIAN:	25. WAS CASE REFERRED TO										eck only one)					
	YSIC	EXAMINER?		HOSPITAL:	ER/Outpo	etlant 3 🗆	DOA	OTHE	R: sing Hom	S. Re	sidence	6 Other (Spec	lfy)				
PHYSIC this ce this ce with the tricked,	ву РНУ		Pending	26s. DATE OF	INJURY Day: Year)	4 1		E OF URIY M	28c. INJI WO 1 Y	RK?	No	Sall U	HOY ALL	URIT OCCI	RED	ndaum	
TENDI TENDI TOR: A office de	TED B	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide City or Town, State) 286. PLACE OF INJURY — At home, farm, streel, factory, office building, etc. (Specify) 287. LOCATION (Striet and Number or Rural Route Number. City or Town, State) 288. LOCATION (Striet and Number or Rural Route Number. City or Town, State) 289. PLACE OF INJURY — At home, farm, streel, factory, office building, etc. (Specify)											tom (
DIVI DIVI DIRECT DIVINES OF THE TOTAL OF THE THE THE THE THE THE THE THE THE THE	OMPLE			ICIAN: To the best of								to the cause(s) s			. An	D. 212	2.2.
Pomp (BEC	296. SIGNATURE AND TITLE	OF CERTIFIE	node	200					290 LICE	ENSE NUM	4BER 2	2	egd, DATE	SIGNEO (A	Worth, Day, Your)	,
	D.	1 - CROSSA	PERSON WH	O COMPLETEO CAU	SE OF DEA		7 (700		Dun	MA	LIR	AVES_	BI	1-170) N	1D 21	22
- 1	1	24 BANDEH ED (Marth One	Mari	- 00 0000000	1010 CIGI												

BALTIMORE, MARYLAND 21215-0020

	9
~	듄
8	3
~	8
∞	5
Θ	xecuted with
\times	60
0	ā
m	ate
_	υ
0	E
~	S
ш.	eath c
10	de
~	92
₩	=
OF VITAL RECORDS, P.O. BOX 68760	thai
\approx	SS
	Š
~	90
_	~
_	B
⋖	he
	Ε.
>	AN
11	Ö
=	3
	Ŧ
Z	O
\overline{a}	Z
\preceq	9
S	7
_	OR ATTENDING PHYSICIAN: The IZ
	QC.
DIVISION	0
-	ä
/	ö
	148

	1. DECEDENT'S NAME (First, Middle,	Lest)						MOR		DAY	YEAR	3. TIME OF DEATH
	MITCHELL 4. SOCIAL SECURITY NUMBER	T		STEVA			110000000000000000000000000000000000000		Y 11,	1994		D "
	220-03-8434	5. SEX	6. AGE (In yrs.)	iast birthday) YRS.	MONTHS DA	AY8	IF UNDER 24 HRS, HOURS MIN,	(Mo	E OF BIRTH oth, Day, Year)		Country	
1	9e. FACILITY NAME (If not institution,				9b. CITY, TO	WN O	R LOCATION OF DE		N. 28, 1	_	ITY OF D	ARYLAND
CTOR	SINAI HOSPITAL				BAL	TIM	ORE					
	10a, STATE 10b, CO			10c. CIT	Y, TOWN OR L	OCATI	ION					10d. INSIDE CITY
DIME	MARYLAND BA	LTIMORE		BAI	LTIMOR	E						LIMITS?
IERAL	7313 PARK HET	GHTS AVE.,	APT. 3	02		10f.	21208			10g. CITI USA		HAT COUNTRY?
DE	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1					ENDENT OF HISPAN			ee or No-	14. RACE Black	— American Indian, , White, etc.
À	3 Widowed 4 Divorced	IF YES, GIVE WA		IIWW			NO Specify				Specif	WHITE
ETED	15. DECEDENT'S (Specify only highest	grade completed)		DECEOENT'S (Give kind of ville, Do NOT us	USUAL OCCU	PATIO og mos	N at of working	1	66. KIND OF B	USINESS/IND	USTRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)		TTORNE				F	T LAW			
u II	17. FATHER'S NAME (First, Middle, Let JOHN	STEV	AN				18. MOTHER'S NA F'ANN		t, Middle, Maide	n Sumeme)	KL	EIN
2	198. INFORMANT'S NAME (Type/Print) MRS. HILDA STE						nd Number or Rural I				Code)	
	20a. METHOD OF DISPOSITION Burlel 2 Cremation 3		20h Pl AC		PARK OF DISPOSITION		GHTS AV			02 BA		, MD 21208
	4 □ Donation 5 □ Other (Specify)		cemetery, o	crematory or of			7-14-94 &/14/			ALTIMO		
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	1				D ADDRESS OF FA		205 1	INC.		
	SLOTT 1	VI. util	M		601	O F	REISTERT	NWC	RD. H	BALTO.	, MD	21215
	23. PART I. Enter the disesses shock, or heart fall	, or complications that lure. List only one caus	caused the a on each li	death. Do r na.	not anter the	mod	da of dying, suc	h ss ca	irdiac or ras	piratory arr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	CAZJO	Photoma	ما المحادث	M. C.C.							Onset and Death
ı	resulting in dasth)	DUE TO (OR AS A CONS	EQUENCE OF	F):			_				
	Sequentially list conditions, D. POSS. 3LE RUFTURE ADDIM ASL ADETIC ANENZYSM OUE TO 10R AS A CONSEQUENCE OF:											
5	if sny, leading to immediata csuse. Enter UNDERLYING	,	on no n conc	LOGENGE O	, ,.							
HIPICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF	F):							
CE E	resorting in death, EAST	d										
ہ	PART II. Other aignificant con-		feath but no	t reaulting i	In the under	rlying	causa givan in	Part I.		N AUTOPSY DRMEO?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
1	HYPERTEN	دری ، در				_			1 TYES	2 X NO		OF DEATH?
												1 TES 2 NO
MEDIC	DID TOBACCO US	E CONTRIBUTE	TO CAL	SE OF	DEATH	YE	S NO	X				
MEDIC	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL: . /					S NO	eck only	one)			
	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 PYES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	8. PL	ACE OF OEATH (Ch	6 C Ot	her (Specify)	IN HIEV OC	NIDED.	
THE STORY WE STORY	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending	HOSPITAL: 1 Inpatient 2 28e. DATE OF I	ER/Outpatient	3 DOA 28b. TIM	OTHER: 4 Nursing	Home	ACE OF OEATH (Ch	6 C Ot		INJURY OCC	CURED	
EU BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 28e. DATE OF I (Month, De) tion of be 28e. PLACE OF building, e	ER/Outpatient NJURY , Year)	3 DOA 28b. TIM	OTHER: 4 Nursing E OF 286	Home	ACE OF OEATH (Ch	6 Ot 28d. D	her (Specify)	t end Number		loute Number,
ETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDIC EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigated Accident 3 Suicide 8 Could investigated Homicide Could investigated to the could investigate the could be could	HOSPITAL: 1 Inpatient 2 28e. DATE OF II (Month, De) 28e. PLACE OF building, e	ER/Outpetlent NJURY , Year) INJURY — At tc. (Specify)	3 DOA 28b. TIM INJ	OTHER: 4 Nursing E OF 28 UNIV M 1 street, factory,	Home c. INJU WOI V office	ACE OF OEATH (Ch. 5 Residence TRY AT RK? ES 2 NO	6 Ot 28d. D	her (Specify) ESCRIBE HOW DOCATION (Streetly or Town, Stall cause(e) end m	t end Number	or Rural R	
COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDIC EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigat 3 Suicide 8 Could not determine 29e. CETTIFIER (Check only one) 2 MEDICAL EX.	HOSPITAL: 1 Inpatient 2 28e. DATE OF I (Month, De) 28e. PLACE OF building, e	ER/Outpetlent NJURY , Year) INJURY — At tc. (Specify)	3 DOA 28b. TIM INJ	OTHER: 4 Nursing E OF 28 UNIV M 1 street, factory,	Home c. INJU WOI V office	ACE OF OEATH (Ch. 5 Residence PRAY AT RR? ES 2 NO and place, end due eath occured at the	eck only 6 Ot 28d. D 28t. LC cl to the c	her (Specify) ESCRIBE HOW DOCATION (Streetly or Town, Stall cause(e) end m	end Number	or Rural R	and manner ee stated.
TO BE COMPLETED BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDIC EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigated Accident 3 Suicide 8 Could investigated Homicide Could investigated to the could investigate the could be could	HOSPITAL: 1 Inpatient 2 28e. DATE OF building, e	ER/Outpatient NJURY , Year) INJURY — At tc. (Specify) ny knowledge, amination end/k	3 DOA 28b. TIM INJ home, ferm, 4 death occum or investigatio	OTHER: 4 Nursing E OF 28 IURY M 1 street, factory, ed at the time, on, in my opini	Home c. INJU WOI V office	ACE OF OEATH (Ch. 5 Residence TRY AT RK? ES 2 NO	eck only 6 Ot 28d. D 28t. LC to the C time, de	her (Specify) ESCRIBE HOW DOCATION (Streetly or Town, Stall cause(e) end m	anner ee stat end dua to th	or Rural R	

DHMH-16 Rev 1/89

EST DE

permit. se as the burial-transit attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

Pages 1, 2, 3

ő	-		
Ē	o p		
osb	che		6
9	deta		200
5	2		ŧ
eg	묰		100
rain	Sho		1111
9	10 61		2
e Se	pag		4
Ë	10,		1100
96	rec		8
6	al d		9
am.	ner		E S
06	e f	-	B
arre	y th	nova	22
2	in b	ē	Pe
5	Pa	0,	E
)	y fil	rtion	the
4	etel	EH	ŧ
2	duc	C.	N.
5	o p	nna	2
	an	to b	E
200	ciar	300	2
Š	Spilos	e D	178
E S	00	gien	the state of
2	Pudi	Ť	2
Jear	atte	rrta	2
Je	the	ž	=
IP	Š	and	2
S	ned	atth	25
5	Sign	분	NAME OF
rec	рее	0	eh.
0	as	Sept Jept	23
ne	te h	ate [8
3	fica	Ste	1
2	ite:	the	2
#10	Ħ	ŧ	7
D.	ä	£	H
Š	¥	8	-
ū	5	H.	38
ALCH MILLIAMS PHYSICIAMS THE LAW REQUIRES THAT THE DEATH CENTURATE DE EXECUTED WILLY THOUS ARE DEATH. PAGE D MAY DE FETAINED DY THE NOSDITAL OF	AL DIRECTOR Anny that cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the market or item 23 shows any injury or other traumatic event the medical examiner must be notified at once
5	8	ğ	1
ď.	d	24	Ξ

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATN 3. TIME OF DEATH JULY 12, 1994 1:30 P BESSIE SIEGEL SAGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 212-03-7257 7. DATE OF BIRTH 9/15/1902 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 | M 2 | DAYS HOURS LITHUANIA 9a. FACILITY NAME (If not institution, give street and number)
MILFORD MANOR NURSING HOME BALTIMORE BATTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE MARYLAND 10b. COUNTY BALTIMORE 10d. INSIDE CITY YES 2 NO FUNERAL 19 SAIZEN OF WHAT COUNTRY? 3123 BANCROFT RD., APT. F 101.21215 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puarto Rican, etc.)
 YES NO Specify: 14. RACE — American Indian, Black, White, etc. t Never Married 2 Married Specify В 3√ Widowed 4 □ Divorced WHITE ED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
BLUMBERG BENJAMIN COHEN BE 19a. INFORMANT'S NAME (Type/Print)
MR. MARVIN SIEGEL 19b. MAILING ADDRESS Saginaw 2 6701 Circle SAGINOW CIRCLE BALTIMORE, MD 21209 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION --- City or Town, State 11/2 Burlal 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) MOGAN ABRAHAM (ADATH YESHURUN) 7/14/1994 ROSEDALE, MD SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heert fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition __ recuiting in deeth) Tycals CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? t YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER:
4 Nursing Home 5 Residence 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 ND BY Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide 29a. CERTIFIER

//Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and n (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, 296. SIGNATURE AND TITLE OF SERTIFIER 29c. LICENSE NUMBER BE drug 0 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM_27) (Type, Print)

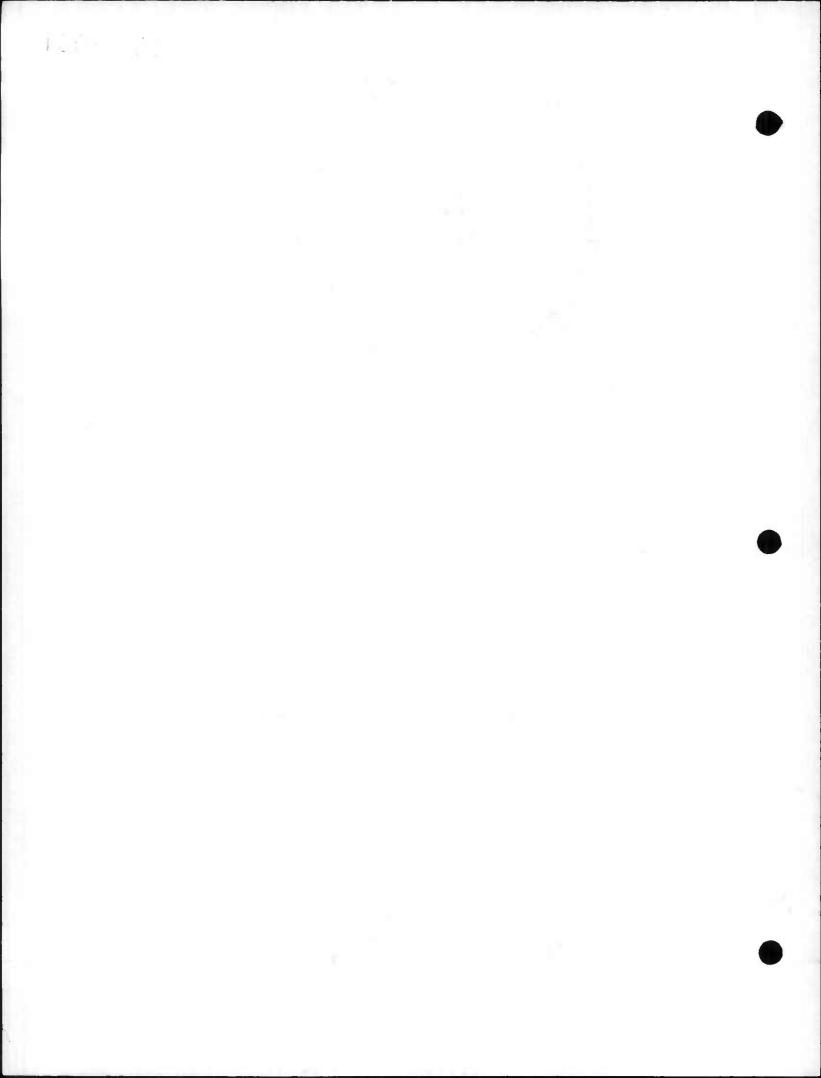
> 32. REGISTRAR'S SIGNATURE a Davidson

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withings hours after death. Page 6 may be retained by the hosp	TOTHE PAREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to build a few points of the safe of the State Dept. of Health and Mental Hydrene prior to build, cremation, or removal.	MECREARY. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
retained	should a	otified	
may be	r. page	st be	
Page 6	directo	ner mu	
death.	e funera	ехаш	
urs after	in by th	edical	
11 24 ho	ation, o	the m	
ted with	complete	event	
e execut	TOTHE TAKE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the last and mental Hydiene prior to burial, cremation, or remoral.	umatic	
lificate b	physici ene prio	her tra	
ath cert	tal Hygi	, or o	
at the de	by the a	/ Injury	
uires tha	signed Health	ws an	
law req	as been Jept, of	23 sho	
AN: The	State [r Item	
HYSIC!	his cert	ked, o	
VDING F	After 1	ls mar	
R ATTE	RECTOR urs after	3ш 28	
BITAL O	ENL D	1 10	
SOH HR	A STATE	DRIAN	
P	27	ž	

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		OL.	NITIC	AILU	F DEATH	REG. NO	١.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	AY Y	/EAR	3. TIME OF OEATN
				nson)		07 14	94		2:20 P. M
	1000					7. DATE OF BIRTN	8.	. BIRTHE	PLACE (State or Foreign
		0/	YRS.	DAY:	MOONS MIN.	01 01	27		
			98			EATN	9c. COUNT	Y OF DE	ATH
	am Street			Balti	more				
	Υ		100 CITY T	OWN OR LO	CATION			Т	44.4 100000 0.000
Md.									10d. INSIDE CITY LIMITS? 1 YES 2 NO
	Street				101. ZIP CODE 21224		10g. CITIZE USA	N OF W	HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. AR	MED				s or No- 14	I. RACE	- American Indien, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced			10					Specify	у.
	CATION	18a, DE	CEOENT'S US	UAL OCCUPA	TION	16b. KIND OF BU	SINESS/INDUS	_	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.			most or working			a.	
12			Machi	nıst		Beth.	Lehem S	Stee	∋ Τ
17. FATHER'S NAME (First, Middle, Last)							Surname)		
	nnsson								
		198	200 S.	Oldh	et and Number or Aural nam Street	Route Number, City or Too Balto., Mc	m, State, Zip Co.	24	
20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Rem	ioval from State	20b. PLACEA	ND DATE OF D	DISPOSITION	(Name of	OATE 20c. LO	CATION — CH	y or Tow	vn, State
4 Donation 5 Other (Specify)		Gre	en Mou				alto.,	Md.	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE						Tno		
Charles D	Jules							a.	
23. PART I. Enter the diseases, or	complications that c	aused the de	ath. Do not	enter the	mode of dying, suc	h as cardiac or reep	iratory arrea	it,	Approximate
	Annual Contractor					A			interval Between Onset and Death
disease or condition	. 6	and in		A. wans	+ . H	10005			
resulting in death)	DUE TO (OF	AS A CONSEC	DUENCE OF):			Per reu			
La company de la	b.	not	Gn.	own					
if any, leading to immediate	OUE TO (OF	AS A CONSEC	DUENCE OF):						
cause, Enter UNDERLYING CAUSE (Disease or Injury	C								
that initiated evente	DUE TO (OF	R AS A CONSEC	DUENCE OF):						
. Journal of Godelin LAST	d								į
									+
PART ii. Other aignificent condition	na contributing to de	eth but not n	esulting in t	he underly	ing ceuse given in	Part i. 24a, WAS AI	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PART II. Other aignificent condition	na contributing to de	eth but not n	esulting in t	he underly	ring ceuse given in	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other algnificent condition	na contributing to de	eth but not r	esulting in t	he underly	ring ceuse given in	Part i. 24a, WAS AI PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL				DEATH	YES N	PERFO 1 — YES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CONTRIBUTE	TO CAU	ISE OF	DEATH 26.	YES N	PERFO 1 YES eck only one)	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE HOSPITAL: 1 Inpatient 2 El	TO CAU	DOA 4	DEATH 26. THER: Nursing N	YES N PLACE OF DEATN (C) ome 5 Residence	PERFO 1 YES eck only one)	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	CONTRIBUTE HOSPITAL: 1 Inpatient 2 El	TO CAU	SE OF	DEATH 26. THER: Nursing N	YES N PLACE OF DEATN (C/	PERFO 1 YES ock only one) 6 Other (Specify)	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	CONTRIBUTE HOSPITAL: 1 Inpatient 2 El 28e. DATE OF IN. (Month, Day,	TO CAU	DOA 4	DEATH 26. THER: Nursing N F 28c. M 1	YES N PLACE OF DEATN (C/ ome 5 Residence INJURY AT WORK? YES 2 NO	PERFO 1 YES O C 1 YES eck only one) 6 Other (Specify) 28d. DESCRIBE HOW	RMED? 2 NO NJURY OCCUP and Number or	RED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ZINO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	CONTRIBUTE HOSPITAL: 1 Inpatient 2 El 28e. DATE OF IN. (Month, Day,	TO CAU	DOA 4	DEATH 26. THER: Nursing N F 28c. M 1	YES N PLACE OF DEATN (C/ ome 5 Residence INJURY AT WORK? YES 2 NO	PERFO 1 YES O Ther (Specify) 28d. DESCRIBE HOW	RMED? 2 NO NJURY OCCUP and Number or	RED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CONTRIBUTE HOSPITAL: 1 Inpetient 2 El 28s. DATE OF IN. (Month. Day, 28s. PLACE OF IP building, stc	TO CAU R/Outpatient 3 JURY Vear) NJURY — At hor. (Specify)	DOA 4 28b. TIME 0 INJURY	DEATH 26. THER: Nursing N F W 1 [et, factory, or	YES N PLACE OF DEATN (C/ Ome 5 Rasidence INJURY AT WORK? YES 2 NO	PERFO 1 YES O Cher (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, Stells	NJURY OCCU	RED Rural Ro	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	CONTRIBUTE HOSPITAL: 1 Inpetient 2 El 28s. DATE OF IN. (Month. Day, 28s. PLACE OF IP building, stc	TO CAU R/Outpatient 3 JURY Vear) NJURY — Al hor. (Specify)	DOA 4 28b. TIME 0 INJURY	DEATH 26. THER: Nursing N FF 28c. M 1 et, factory, of	YES N PLACE OF DEATN (C/ ome 5 Rasidence INJURY AT WORK? YES 2 NO	PERFO 1 YES O Cher (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, Stells to the cause(s) and ma	INJURY OCCUI	RED Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CONTRIBUTE HOSPITAL: 1 Inpatient 2 El 28e. DATE OF IN. (Month. Day. 28e. PLACE OF II building, stc	TO CAU R/Outpatient 3 JURY Vear) NJURY — Al hor. (Specify)	DOA 4 28b. TIME 0 INJURY	DEATH 26. THER: Nursing N FF 28c. M 1 et, factory, of	YES N PLACE OF DEATN (C) ome 5 Residence INJURY AT WORK? YES 2 NO Iffice ste and place, end due to, death occured at the	PERFO 1 YES Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stells to the cause(s) and ma	INJURY OCCUMENT OF THE PROPERTY OCCUMENT OF THE PROPERTY OCCUMENT OF THE PROPERTY OF THE PROPE	RED Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NOUTE Number,
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	CONTRIBUTE HOSPITAL: 1 Inpatient 2 El 28e. DATE OF IN. (Month. Day. 28e. PLACE OF II building, stc	TO CAU R/Outpatient 3 JURY Vear) NJURY — Al hor. (Specify)	DOA 4 28b. TIME 0 INJURY	DEATH 26. THER: Nursing N FF 28c. M 1 et, factory, of	YES N PLACE OF DEATN (C/ ome 5 Rasidence INJURY AT WORK? YES 2 NO	PERFO 1 YES Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stells to the cause(s) and ma	INJURY OCCUMENT OF THE PROPERTY OCCUMENT OF THE PROPERTY OCCUMENT OF THE PROPERTY OF THE PROPE	RED Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be 4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER CONTROL OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER CONTROL OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER CONTROL OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 20c. CERTIFIE	CONTRIBUTE HOSPITAL: 1 Inpatient 2 El 28e. DATE OF IN. (Month. Day. 28e. PLACE OF II building. stc	TO CAU R/Outpatient 3 JURY Year) NJURY — Al hor. (Specify) knowledge, de	DOA 4 28b. TIME 0 INJURY me, farm, street sth occurred a	DEATH 28. THER: Nursing N Nursing N 1 28c. Y M 1 et, factory, of	YES N PLACE OF DEATN (C) ome 5 Residence INJURY AT WORK? YES 2 NO Iffice ste and place, end due to, death occured at the	PERFO 1 YES Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stells to the cause(s) and ma	INJURY OCCUMENT OF THE PROPERTY OCCUMENT OF THE PROPERTY OCCUMENT OF THE PROPERTY OF THE PROPE	RED Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NOUTE Number,
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CONTRIBUTE HOSPITAL: 1 Inpatient 2 El 28e. DATE OF IN. (Month, Day, 28e. PLACE OF IR building, stc	TO CAU R/Outpatient 3 JURY Year) NJURY — Al hor (Specify) knowledge, de nination and/or i	DOA 4 28b. TIME 0 INJURY me, farm, street sth occurred a nivestigation, is	DEATH 26. THER: Nursing N F 28c. Y M 1 [et, factory, of at the time, d on my opinion	YES N PLACE OF DEATN (C/ Ome 5 Residence INJURY AT WORK? YES 2 NO Iffice sete and place, end due o, death occured at the	PERFO 1 YES O Ther (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, Stells to the cause(s) and matime, date and place, a	and Number or	RED Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NOUTE Number,
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be 4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER CONTROL OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER CONTROL OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER CONTROL OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 20c. CERTIFIE	CONTRIBUTE HOSPITAL: 1 Inpatient 2 El 28e. DATE OF IN. (Month, Day, 28e. PLACE OF IR building, stc	ROutpetient 3 JURY - Al hoi , (Specify) knowledge, de hinstion and/or s OF DEATH (ITER	DOA 4 28b. TIME 0 INJURY me, farm, street sth occurred a	DEATH 26. THER: Nursing N F 28c. Y M 1 [et, factory, of at the time, d on my opinion	YES N PLACE OF DEATN (C/ Ome 5 Residence INJURY AT WORK? YES 2 NO Iffice sete and place, end due o, death occured at the	PERFO 1 YES Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stells to the cause(s) and ma	and Number or	RED Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NOUTE Number,
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CONTRIBUTE HOSPITAL: 1 Inpatient 2 El 28e. DATE OF IN. (Month. Day, 28e. PLACE OF IP. building, stc ICIAN: To the best of my ER: On the basis of exam	ROutpetient 3 JURY - Al hoi , (Specify) knowledge, de hinstion and/or s OF DEATH (ITER	DOA 4 28b. TIME 0 INJURY me, farm, street sth occurred a nivestigation, is	DEATH 26. THER: Nursing N F 28c. Y M 1 [et, factory, of at the time, d on my opinion	YES N PLACE OF DEATN (C/ Ome 5 Residence INJURY AT WORK? YES 2 NO Iffice sete and place, end due o, death occured at the	PERFO 1 YES O Ther (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, Stells to the cause(s) and matime, date and place, a	and Number or	RED Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NOUTE Number,
	4. SOCIAL SECURITY NUMBER 214 22 7458 9e. FACILITY NAME (If not institution, give s 200 SOUTH Oldh RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. COUNT Md. 10e. STREET AND NUMBER 200 S. Oldham 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. OECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) Archie Thorfi 19e. INFORMANT'S NAME (Type/Print) Kathleen Neary 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK White County Co	4. SOCIAL SECURITY NUMBER 214 22 7458 9e. FACILITY NAME (If not institution, give street and number) 200 South Oldham Street RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Md. 10e. STREET AND NUMBER 200 S. Oldham Street 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) Archie Thorfinnsson 19e. INFORMANT'S NAME (Type/Print) Kathleen Neary 20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation \$ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that canock, or heart failure. Liet only one cause immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	4. SOCIAL SECURITY NUMBER 214 22 7458 1 M 2 F 67 90. FACILITY NAME (If not institution, give street and number) 200 South Oldham Street PESIDENCE OF DECEDENT 100. STREET AND NUMBER 200 S. Oldham Street 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Archie Thorfinnsson 190. INFORMANT'S NAME (Type/Print) Kathleen Neary 200. METHOD OF DISPOSITION 1 Durlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. PART I. Enter the diseases, or complications that caused the december, or heart failure. Liet only one cause on each line immediate cause. Enter UNDERLYING CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSECTION OUT TO (OR	4. SOCIAL SECURITY NUMBER 214 22 7458 9e. FACILITY NAME (II not institution, give street and number) 200 South Oldham Street RESIDENCE OF DECEDENT 10e. STATE 10e. COUNTY 10e. STATE 10e. COUNTY 10e. STREET AND NUMBER 200 S. Oldham Street 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. OECEOENT'S EDUCATION 16. DECEOENT'S EDUCATION 17. FATHER'S NAME (First, Middle, Last) 18. DECEOENT'S EDUCATION 19. INFORMANT'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (TyperFrint) 10. STATE 10. DECEOENT'S EDUCATION 19. INFORMANT'S NAME (TyperFrint) 19. INFORMANT'S NAME (TyperFrint) 10. Duried 2 Cremetion 3 Removal from State 10. Deceoenty or other Green Moles 20. PLACE AND DATE OF Green Moles 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	214 22 7458 12 M 2 F 67 98. FACILITY NAME (If not institution, give street and number) 200 South Oldham Street RESIDENCE OF DECEDENT 108. STATE 108. COUNTY Md. 109. STATE 108. COUNTY Md. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Set 1 Set 2 NO If yes 2 NO If yes 2 NO If yes 2 NO If yes 2 NO If yes 2 NO If yes 3 NO If yes 7 NO If yes 8	4. SOCIAL SECURITY NUMBER 21 4 22 7458 5. SEX 1	Henry Sidney Thorfinnsson (Thorfinnson) 07 14 4. SOCIAL SECURITY NUMBER 214 22 7458 1 X M 2 F 67 7 RS. SEX 20 South Oldham Street 96. FACILITY NAME (# not institution, give street and number) 200 South Oldham Street 100. STREET AND NUMBER 200 S. Oldham Street 100. STREET AND NUMBER 200 S. Oldham Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FORCES. I X WS DECEDENT EVER IN U.S. ARMED FOR	Henry Sidney Thorfinnsson (Thorfinnson) 1. Social Security Number 5. Sex 2. AGE (in yrs. list birthday) 5. MORTHS 67 718. 5. MORTHS 67 718. 5. MORTHS 67 718. 5. MORTHS 67 718. 5. MORTHS 67 718. 67	Henry Sidney Thorfinnson (Thorfinnson) 07 14 94 4. Social scurry Number 2 14 22 7458 1.5 EX 1.6 A. AGE (in yrz. list birtholey) 1.0 Europen 124 1.2 Europen 124 1.2 AGE (in yrz. list birtholey) 1.0 Europen 124 1.2 AGE (in yrz. list birtholey) 1.0 Europen 124 1.2 AGE (in yrz. list birtholey) 1.0 Europen 124 1.2 AGE (in yrz. list birtholey) 1.0 Europen 124 1.2 AGE (in yrz. list birtholey) 1.0 Europen 124 1.2 AGE (in yrz. list birtholey) 1.0 Europen 124 1.2 AGE (in yrz. list birtholey) 1.0 Europen 124 1.2 AGE (in yrz. list birtholey) 1.0 Europen 124 1.2 AGE (in yrz. list birtholey) 1.0 Europen 124 1.2 AGE (in yrz. list birtholey) 1.0 Europen 124 1.2 AGE (in yrz. list birtholey) 1.0 Europen 124 1.0 Europen 124 1.2 AGE (in yrz. list birtholey) 1.0 Europen 124 1.0 Europen 124 1.2 AGE (in yrz. list birtholey) 1.0 Europen 124



DHMH-18 Rev 1/89

0
_ •
О.
CO
$\ddot{\sim}$
Œ
\circ
\sim
U
ш
CC
_
_
est .
\equiv
>
ш
0
_
Z
0
$\underline{\circ}$
70
47
5
0
_

atte	98		
10 00	for L		
Spita	8		
20	tach		5
the	de		9
Š	d b		20
Dec	NOU.		fle
reta	5 S		HOL
2	30e		96
may	Ä,		15
9	ecto		Ē
Se	J dir		Jer
÷.	nera		Ē
dea	e fu	_	еха
after	V E	DOVE	cal
U.S	드	Te.	Pe
8	Pel	0,0	9
d	by fi	atio	£
MITH	plete	rem	ent
pa	mod	al, c	5
noe	pu	pon	atic
8	an a	9	E
te b	Sici	pio	Ē
ifica	듄	alle	her
Ce Ce	ding	Ď	5
the safe	ffen	tal .	0 ,
e de	he	Men	를
#	4	pg	=
#	pa	#	am
uires	Sign	Hea	X.
reg	een	6	340
WE	as b	Pept	23
The	te h	ate (E
AN:	ifica	St	r le
SICI	cert	Ē	0.
¥	this	WIT	ked
NG	fter	eath	EШ
Q	A	of de	-
TI	6	afte	28
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or arts	HECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Imm 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERT	IFICATE	OF DEAT	ГН	Ri	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)			-		2. DATE OF D	EATH		3. TIME OF OEATH
	CHARLES LEONARD		(uent		MONTH E) well	DAY	994	1555 M
		B. AGE (In yrs. lest birtho		0 4001	24 1000	7 DATE OF S	Top /		NPLACE (State or Foreign
	222-03-2702 1 ⋅ M 2 □ F	87 YF	MONTHS	DAYS HOURS	MIN.	7. DATE OF (Month, Day 2/8/	1907	Coun	laware
	9a. FACILITY NAME (If not institution, give street and number)			TOWN OR LOCATION	ON OF OE	ATH		9c. COUNTY OF	
DIRECTOR	PENINSULA REGIONAL MEDICA	AL CENTER	SA	LISBURY				WICOM	ICO
5	RESIDENCE OF DECEDENT								
#	10e. STATE 10b. COUNTY	10c.	CITY, TOWN OF	LOCATION					10d. INSIDE CITY LIMITS?
	Delaware Sussex		Mills	boro					1 TES 2 NO
A	10e. STREET AND NUMBER	-		10f. ZIP CODE	E			10g. CITIZEN OF	WHAT COUNTRY?
6	Rt. 2 Box 357			19	966			USA	
FUNERAL	11. MARITAL STATUS 12. WAS OECEDENT	EVER IN U.S. ARMED	13. W	AS DECENDENT O	F HISPAN	IC ORIGIN? (Sp	ecify Yea o	or No.— 14, RAC	CE — American Indian,
٣	IF YES GIVE WA	YES 2XX10		yes, specify Cuba ☐ YES 2 1 NO			, etc.)	Spec	ck, White, atc.
ВУ	3 ☑ Widowed 4 ☐ Divorced				,			950	White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDE	T'S USUAL OC	CUPATION uring most of working		16b. KIN	O OF BUSI	NESS/INDUSTRY	
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do N	OT use retired.)	anny most or worker	10				
릴	6	Fai	mer			Agr	i cult	ure/Pou	ltry
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	-16		16. MOT	HER'S NAM	AE (First, Middle			
	John R. West				Cora	Sco	ott		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAI	LING ADDRESS	(Street and Number				State, Zip Code)	
2	William L. West	Rt	/ı Boy	105, L	21120	l Dol	011020	10056	
	20a, METNOO OF DISPOSITION	20b. PLACE AND D			aure.	DATE		ATION — City or T	Inum Stelle
	1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	Millsbor	or other place)	+		1			,
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	THITISDUI		AME AND ADDRES			MILII	sporo,	Delaware
	Bul-17/6	In		tson Fu			, Inc		
	CHELLEN / CO		21	1 Washi	ngtor	St.,	Mil1	sboro.	DE 19966
	23. PART i. Enter the disesses, or complications that ehock, or heart failure. List only one cause	ceused the death. I	Do not enter t	he mode of dy	ing, such	as cerdisc	or reepira	itory srrest,	Approximats
	IMMEDIATE CAUSE (Final								Interval Batween Onset and Dasth
	disease or condition resulting in death) s. SEP	SIS							8 Hours
	DUE TO (C	R AS A CONSEQUENC	E OF):						
Z	LYEN LYEN	AIGOM							
CERTIFICATION	if any, leading to immediate	R AS A CONSEQUENC	E OF):						
2	cause. Enter UNDERLYING CAUSE (Disease or Injury								
쁘	that initiated eventa DUE TO (C	R AS A CONSEQUENC	E OF):						
H	d								
	PART II. Other eignificent conditions contributing to d	eeth but not regulti	ing in the und	leriving cause (niven in I	Part I 24a	WAS AN A	ITTOREY 24	b. WERE AUTOPSY FINDINGS
DICAL		een sut not recuit	ing in the disc	rerryrrig cause (Ainett III I	Part 1. 248.	PERFORM		AVAILABLE PRIOR TO
ă						_ 10	YES 2	NO	COMPLETION OF CAUSE OF DEATH?
ME	DID TODA GGO HAT GOVERNMENT					_			1 YES 2 NO
ÿ	DID TOBACCO USE CONTRIBUTE	TO CAUSE (OF DEATH	1 YES 🗆	NO		_		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	26. PLACE DF D	EATN (Che	ck only one)			
YSI	1 🕅 YES 2 □ NO 1 🗖 Inpatient 2 □ I	ER/Outpatient 3 🗆 DC		ng Nome 5 🗆 Re	sidenca	6 Other (Spe	ecify)		
H	27. MANNER OF DEATN 28a. DATE OF III	IJURY 26b.	TIME OF S	28c. INJURY AT WORK?		28d. DESCRIE	E HOW INJ	JURY OCCURED	
B	1 Natural 5 Pending 2 Accident Investigation		M	1 YES 2	NO				
	building, at	INJURY — At home, to c. (Specify)	rm, street, factor	ry, office		281. LOCATION	N (Street and	d Number or Rural	Route Number,
COMPLETED	4 Homicide determined					,	, , , , , , , , , , , , , , , , , , , ,		
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of m	y knowledge, death oc	curred at the tin	na, data and place.	, and due	to the cause(a)	and mann	er as stated.	
N N	one) 2 MEDICAL EXAMINER: On the basic of axa								(a) and manner as stated.
- 1	29b. SIGNATURE AND TITLE OF CERTIFIER								
BE	Ole - Onn-	MD		ZVC. LICE	L40	61		ANG, DATE SIGNE	D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	· V	Ten Od-	1 0	7 10			- 011	08/17
	AKWASI APPAU 540	RIVERSIDE	3	SHITE	4	SAL	15846	cy mo	21801
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17.52	-	
	JUL 1 8 1994 Fulle Verida	ת מל							

Sell, The first parties of the second parties of t

0
01
02
0
0
T
10
T.
S
-
N
64
0
7
-
•
7
>
1
AB
_
>
ш
000
4
0
_
5
2
-
1
1
=
<
BAL
ш
_
-
0
(0)
~
100

DIVISION OF VITAL RECORDS, P.O. BOX 687

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	WPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendir be filed within 72 hours after death with the State Dept, of Health and Mental Hyg.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or c	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE OF MARYLAND) / DEPARTME			MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH	7-10-	Q 4 3. TIME OF DEATH		
i	Natarsha Wright					199 199	EAR 9:59 AM		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	. last birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign		
	1 🗆 M 2 💢 F	YRS. MONT	HS DAYS	HOURS MIN.	JULY 10		MARTLAND		
	9a. FACILITY NAME (If not institution, give street and number)	9b (CITY TOWN O	R LOCATION OF DE		7 7 7	Y OF DEATH		
Œ	UNION MEMORIAL HOSPITAL	100		MORE	AIN	SC. COUNT	OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT	10	MUIII	1102					
Ĕ	10a. STATE 10b. COUNTY	10c. CITY, TOV	WN OR LOCAT	ION			10d. INSIDE CITY		
ā	Maryland na	Rol+	imore				LIMITS?		
	10e. STREET AND NUMBER	Dail		ZIP CODE		10a CITIZE	N OF WHAT COUNTRY?		
FUNERAL	618 Radnor Avenue			01010					
Ž	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMED	13 WAS DECI	21212 ENDENT OF HISPAN	IIC ORIGIN? (Specify)	22.22.10	USA I. RACE — American Indian.		
	1 Never Merried 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes, spe	cify Cuben, Mexica	n, Puerto Ricen, etc.)	86 OF 140 14	Black, White, etc.		
ВУ	3 Wildowed 4 Divorced		1 U YES	2 NO Specify	<i>r</i> :		Specify: Black		
	15. DECEDENT'S EDUCATION 16a.	DECEDENT'S USUA			16b. KIND OF B	USINESS/INDUS	TRY		
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work di life. Do NOT use retin	one during mos ed.)	et of working					
7	Contract (Crist)								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Maide	a Sumama)			
	Kenneth Wright					a comane,			
BE	19a. INFORMANT'S NAME (Type/Print)	19h MAII ING ADDS	SESS /Street or		a Young	Otata Zia Ca	-4-1		
5	Cecilia Young								
		CE AND DATE OF DIS			,Balto,1		v or Town, State		
	200.FEA	crematory or other pla		ne or	DATE 20c. I	OCATION — CIT	y or lown, State		
	21 SIGNATURE OF EUNERAL SERVICE LIGENORS		22 NAME AN	D ADDRESS OF FA	CILITY				
	Ronald Wa	de,Dir			State	Anato	my Board		
	Joseph B. Kn fans		655W	.Baltim	ore St,	Balto,	MD21201		
	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each immediate CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CON)	217Y			-		t, Approximata interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, POSSIBLE COCAINE TOXICITY (MATERNAL USE) /3 HOURS								
AT	cause. Enter UNDERLYING PASSIBILE S.	20515					CNKNOWN		
Ē	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CON						0.77,013		
H	resulting in death) LAST								
MEDICAL	PART II. Other algnificent conditions contributing to death but no	ot resulting in the	underlying	cause given in		N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ	DID TOBACCO USE CONTRIBUTE TO CAI	ISE OF DE	ATH VE	S FT NO	F		1 - YES 2 NO		
PHYSICIAN:		OUL OF DE			/53				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? / HOSPITAL:	OTI	28. PL	ACE OF DEATH (Ch	eck only one)				
YS	1 YES 2 NO 1 Inpettient 2 ER/Outpettent	3 DOA 4 D		5 Realdenca	6 Other (Specify)				
표	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJU		28d. DESCRIBE HOW	INJURY OCCUP	RED		
BY	1 Natural 5 Pending 2 Accident Investigation	,	4 1 🗆 Y	ES 2 NO					
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At building, atc. (Specify)	t home, tarm, street,	factory, offica		28f. LOCATION (Stree City or Town, Stat		Rural Route Number,		
E	4 Homicide detarmined				,,,	,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the best of examination and						euse(s) and manner se stated.		
0	SID SIGNATURE AND TITLE OF CHRITIPER		1	29c. LICENSE NUM					
H		Λ		D3683			IGNED (Month, Day, Year)		
2	M. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Emp Orient		0 340 2	.6	1 yeur	ly 10,1994		
	WESON W. DAVIDSON M.D. C	WION M	Emor/	AL HOS	PITAL I	BALTIM	ORE, MO-		
	31. DATE FILED (Month, Day, Year) 22. REGISTRAR'S SIGNATURE JUL 1 8 1994	E							

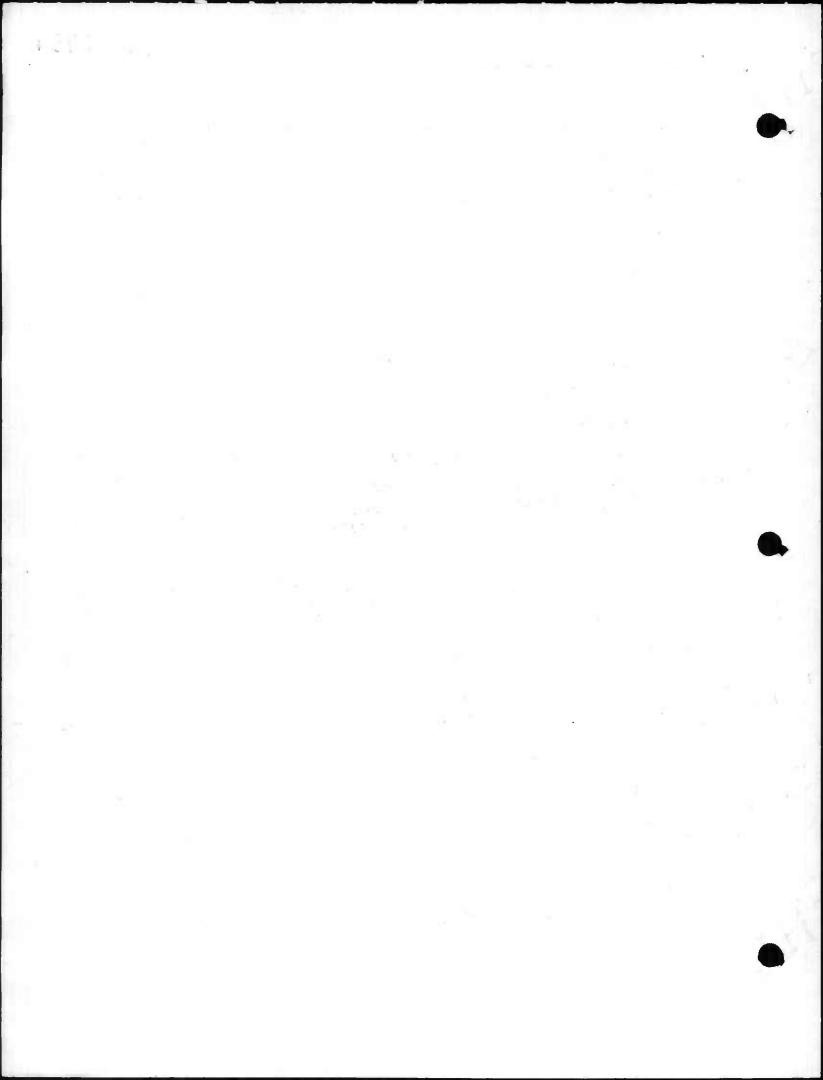
6010.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wirthin an incompanient of may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remonal.
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR	CER	TIPICA	ILE OI	DEATH		REG. NO.		
	t. DECEDENT'S NAME (First, Middle, Lest)	1001	01	M	U-:L-1	2. DATE OF		VI	3. TIME OF DEATH
	The state of the s	1BEL J		meara	weiber		\$	110	14 DO AIY M
		. AGE (In yrs. last birtl	MONT	HS DAYS	HOURS MIN.	7. DATE OF (Month, D	BIRTH by, Year)		8. BIRTHPLACE (State or Foreign Country)
	219-28-4628 1□M2対F	63 Y	RS.			8/1	7/193	30	MD
	Se. FACILITY NAME (If not institution, give street end number)		9b.	CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUN	ITY OF DEATH
DIRECTOR	Howard County General Hos	pital						Н	loward
EG	10a. STATE 10b. COUNTY	10	c. CITY, TOV	WN OR LOC	ATION				10d, INSIDE CITY
뜲	Md Howard		E111	cott	City				LIMITS?
	10e. STREET AND NUMBER				of. ZIP CODE			10q, CITIZ	ZEN OF WHAT COUNTRY?
FUNERAL	3902 Clovelly Road				21042		- 1		USA
5	11. MARITAL STATUS 12. WAS DECEDENT I	VER IN U.S. ARMED			CENDENT OF HISPAN			or No-	14. RACE — American Indian, Black, Whife, etc.
BYF	1 Never Married 2 Merried IF YES, GIVE WAF	YES 2 NO			S 2 NO Specify		in, etc.)		Black, White, etc. Specify:
									white
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDE	ENT'S USUA Ind of work d NOT use retir	one during n	TION nost of working	18b. K/	NO OF BUS	INESS/IND	USTRY
COMPLETED	Elementary/Secondary (0-12) Coilege (1-4 or 5 +)		ousew				Own	Home	
<u> </u>	17. FATHER'S NAME (First, Middle, Last)		Odbew		18. MOTHER'S NA	100 (Class 14)-1			
	James Edward O'Meara					Schwan	_	Sumeme)	
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MA	AILING ADDI	RESS (Street	and Number or Rural			State Zin	Corte
임	Carolyn Weibel								Md. 21042
	20a. METHOD OF DISPOSITION	20b. PLACE AND C				DATE	-		City or Town, State
	1 Buriel 2 □ Cremetion 3 □ Removal from State 4 □ Donetion 5 □ Other (Specify)	CrestLa			CV	7/20	Mari	riots	ville, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	10200000		22. NAME	AND ADDRESS OF FA	CILITY	_		
	I that	nonGCI	7		Ling Asht				
\dashv	23. PART I. Enter the disease, or complications that of	aused the death.	Do not e	736 I	Edmondson	Ave.	Cator	nsvil	1e. Md 21228
H	shock, or heart fellure. List only one cause	on each line.			,,,,	.,	or reapi	atory arri	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	-1)/ch-		N. ah	wit an	13 6	Cens	1	Onset and Daath
	resulting in death)	R AS A CONSEQUEN	ICE OF):	14.1	ust o	10	720	45	
z	- Kerhini	- responded Color of reactivities							
2 ∥	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or injury	1 Synon	ni/	Plese	extent A	rflit)		
	that initiated events resulting in death) LAST	R AS A CONSEQUEN	ICE 9F):						
H H	d								
- 11	PART II. Other significent conditions contributing to de	eth but not resul	iting in the	underlyl	ng ceuse given in	Part I. 24	a. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL						١,	PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_ '	1 123 2	INO	OF DEATH?
Σ	DID TOBACCO USE CONTRIBUTE	TO CAUSE	OF DE	ATH	YES NO				1 123 2 100
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF DEATH (Ch	eck only one)			
2	Ingaetiae.	R/Outpetlent 3 🗆 D		HER: Nursing Ho	me 5 🗆 Raeldence	8 Other (S	pecify)		
PHYSICIAN:	27. MANNER OF DEATH (28e. DATE OF IN (Month, Day,		b. TIME OF	28c. II	JURY AT	28d. DESCR	IBE HOW IN	JURY OCC	URED
À	1 Netural 5 Pending (MONN), Day, 2 Accident Investigation	155			YES 2 NO				
2	building, etc	NJURY — At home, f :. (Specify)	form, streat,	fectory, off	lca	28f. LOCATION	ON (Street at lown, State)	reet and Number or Rural Route Number, State)	
4	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowledge, death o	occurred at 1	he time, de	te end place, end due	to the cause(s) end men	ner es state	ed.
29e. CERTIFER (Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner as stated.						e ceuse(e) end manner ee stated,			
מ כ	290 SIGNATURE AND TOLE OF CERTIFIER				29c. LICENSE NUM	MBER		29d. DATE	SIGNED (Month, Day, Year)
	Ites Muous				1) - 426	56		D 7	7-17-54
=	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE		-		Λ.			,	
	Struck Maren 1155	5 LUHL	e Ps	het	Bulu	X (Colen	610	MICS 21044
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR*	ers							
	JIII 1 8 1994 Juli Sanisan	Knowle							
							_		DMMH 18 Per 1/90



BALTIMORE, MARYLAND 21215-0020	sate be executed within mours after death. Page 6 may be retained by the hospital or attending physicial	hacinian and completely filled in her the forested director name & characted the detected for one one the hands to
ALT	death.	france
8	after	A 196
	Nours	filled in
90.	with	Vietelor
BOX 68760.	xecuted	and non
X	9	nan-
B	Sate	hveir

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

Page 6 may be retained by the hospital or attending physician.	al director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deot, of Health and Mental Holeise prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) JOHN D.	WALL				2. DATE OF DEATH DO TO 1 2 - 1	AY	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	B. BIRTHPLACE (State or Foreign Country)		
	170 00 0127	1 X M 2 □ F 8 6	6 YRS.		HOURS MM.	(Month, Day, Year) 6-26-19	80	PENNSYLVANIA		
DIRECTOR	8a. FACILITY NAME (If not institution, give street and number) 112 Kinship Rd., Dundall RESIDENCE OF DECEDENT				BAltimore					
REC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOC			TION			10d. INSIDE CITY LIMITS?			
		timore	I	undalk				1 VES TONO		
FUNERAL	100. STREET AND NUMBER	- d		10	2.1.2.2.2			EN OF WHAT COUNTRY?		
NE	112 Kinship Ro	at U 12. WAS DECEDENT EVER IN	II S ADMED	42 140 050		NIC ORIGIN? (Specify Yes	U.S			
ВУ	1 Never Merried 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ecity Cuban, Maxico	en, Puerto Ricen, etc.)		14. RACE — American Indian, Black, Whita, atc. Specify: Thite		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5+)	(Give kind of a life. Do NOT us	USUAL OCCUPATI work done during mi retired.)	ON set of working	16b. KIND OF BU				
MP	MECHAN:			HANIC	AUTOMOTIVE					
						AME (First, Middle, Maiden	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	UNOBTA	TIVABLE Route Number, City or Tow	n, State, Zip C	Code)		
10	Jacqueline B. M	ason						LAND 20853		
	20e. METHOD OF DISPOSITION		PLACE AND DATE	OF DISPOSITION (N				ity or Town, State		
-21	4 Donation 6 Other (Specify)	oreemound crematory /-13-54 Darto./Ma.								
	21. SIONATURE OF FUNERAL SERVICE LICENSEE Edison M. Perkin Bradley-Ashton Funeral Home, Inc.									
	Edwar M. La	D000	083	12134	WT110W	SPring F	A B	bM. otles		
	23. PART I. Entar the diseases, or co- ahock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	at Dniy one cause Dn as	hacere	bral	^	uhage	ratory arre	at, Approximate Interval Between Onset and Daet		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
ERTIF	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other eignificant conditions Concer of l Diabeter well	contributing to death but we would be with the second seco		in the underlyin	g cause given in	Part I, 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
A.										
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 O YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
BY PHYSICIAN:	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	DRK?	28d. DESCRIBE HOW I	NJURY OCCU	URED		
	2 Accident Investigation 3 Suicide 6 Could not be determined 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street and Number or Rural Route Number, City or Town, State)									
COMPLETED		AN: To the best of my knowle On the besis of examination						d. cause(s) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER T, CLOSSIAM	xovan, m	D.		29c. HCENSE NU	MBER 632	29d. DATE	31GNED (Month, Day, Year) 7 — 1 2 - 9 4		
	30. NAME AND ADDRESS OF PERSON WHO	MAYONOL	211:	1.0	DALK	AVE.	BAI	LTO MD		
	JUL 1 8 1994	32. REGISTRAR'S SIGNA						21222		

A Lange

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING

	~
ı	ö
ı	Ĕ
	DIREC
ı	_
l	ZY.
ı	剄
	É
l	_
L	8
	ᇤ
ı	7
ı	S
ı	ၓ
ŀ	8
l	9
	•

	nit. Pag	
	OF A THE CENTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit.	
/Sician.	rial-tran	
ing ph	the bu	
attend	use as	
spital or	ed for	
the hos	detach	at once.
ned by	onld be	led at
be retail	le 5 sh	notif
6 may	tor, pag	d tsur
Page	al direc	iner m
r death	he fune	ехаш
YSICIAN; The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	in by the	nedical
9	y filled	the m
within t	crema	event,
xecute	and co	natic
ate be	ysician prior to	r traun
certific	ding ph Hydiene	r othe
e death	he atten	Jury, o
that th	ed by th	any in
equires	en sign	hows
e law r	has be	n 23 s
IAN: Th	Tificate State	or item
PHYSIC	this cer	ned.
NOING	6	1
ATTE!	5	m 2
TAL OF	PAL DR	
HOSPI	FUNE	TANT
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL ID-BENCH. The time certificate has been signed by the attending physician and completely liked in the find within 72 hours are completely liked in the find within 72 hou	IMPORTANT: if item 21 it married, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

CERTIFICATION

MEDICAL

PHYSICIAN:

à

MED !

COMPL

BE

9

94 20796 ITEMS: 27, 28a-f, PER MEO FILM G-716 10/15/94 t,t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH UI 1 4 DAY 994 3. TIME OF DEATH ANNA WIELAND Μ. 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) Oct. 16, 1917 218-80-1141 76 DAYS HOURS 1 M 2X XF YRS Baltimore City 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Saint Joseph Hospital Towson, Maryland Baltmore RESIDENCE OF DECEDENT 10e STATE 10h COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Harford Baldwin 1 YES 2 NO 10a STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3100 Moores Road 21013 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf was assectiv Cuben, Mexican, Puerto Rican, etc.) 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Ri

1 YES 2 NO Specify: 1 Never Married 2 X Merried FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO WHITE 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INQUISTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) Housewife Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Alex Doda Anna Kuzzak 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) William J. Wieland..Sr. 3100 Moores Rd. Baldwin, Md. 20a, METHOD OF DISPOSITION
1 Disputal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Parkwood Cemetery July 16,94 Baltimore.Md. □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND AGORESS OF FACILITY E. F. Lassahn Funeral Home 600 11750 Belair Road Kingsville, Md. 21087 23. PART i. Enter the diseesea, or complications that coused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heert feilure. List only one cause on each line. intervel Between Onset and Death IMMEDIATE CAUSE (Final diseese or condition . PULMONARY EMBOLISM 2DAYS resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): FRACTURE HIP Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST

PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.

24a. WAS AN AUTOPSY 24h WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMEO? 1 YES 2 NO 1 YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🛅 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check of OTHER:

HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH

26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF INJURY JULY 12, 1994 UNK.

1 YES 2 XXNO 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) HOME

28d. DESCRIBE HOW INJURY OCCUREO GOT OUT OF CHAIR & FELL 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

SAME AS # 10 29s. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data end place, end due to the cause(s) end manner as stated.

one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation	ition, in my opinion, death occured at the time, data and place,	end due to the cause(s) end menner es stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d DATE SIGNED (Month Day March

02	mh	h	RA	wow		
					OEATH (ITEM	

8 Could not be

D30263

29d. DATE SIGNED (Month, Day, Year) 7-14-94

ype Print) L TOWSON MD 21204 FRANCIS KHOO, MD ST. JOSEPH HOPITAL

31. DATE FILED (Month, Day, Year)

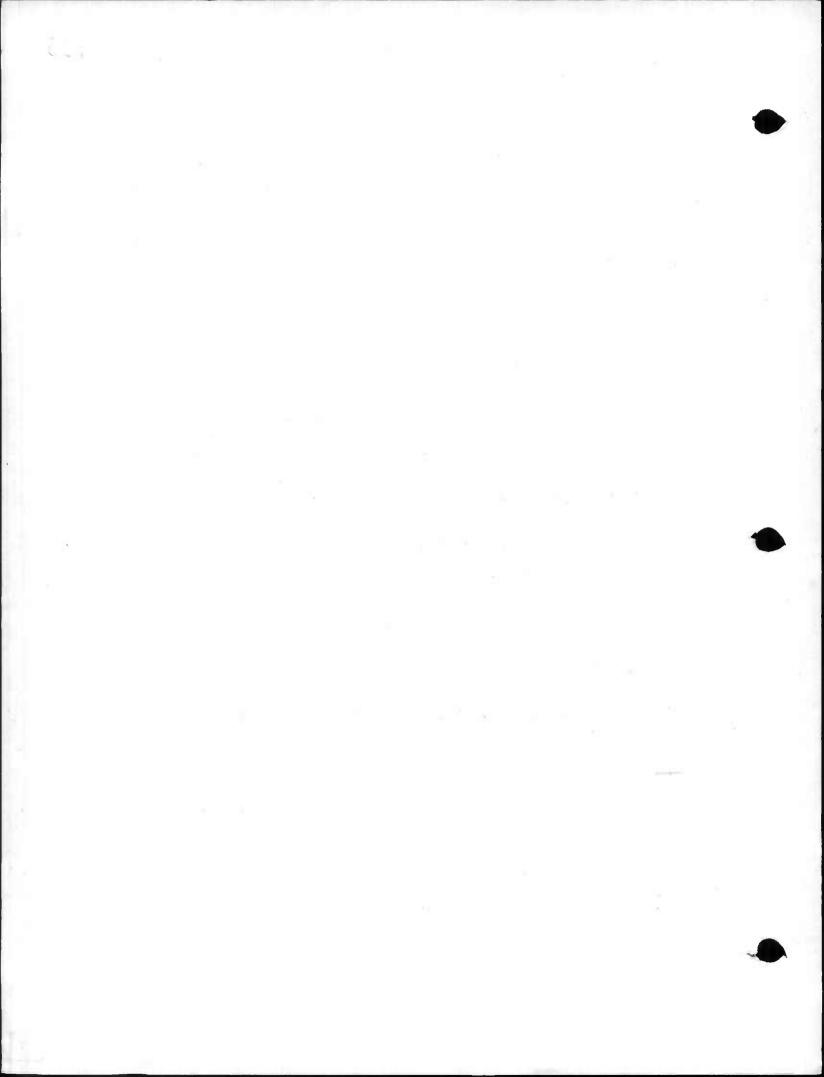
Natural

2XX Accident

3 Suicide

4 Homicide

32. REGISTRAR'S SIGNATURE Devidson B



ge 6 may be retained by the hospital or attending physician. MORE, MARYLAND 21215-0020

use as the burial-transit permit. Pages 1, 2, 3 should

į

director, page 5 should be detached

funeral

filled in

removal.

and completely fille burial, cremation,

2

the attending physician Mental Hygiene prior to

signed Health a

this (

After ti

FUNERAL I

JUL 1 8 1993

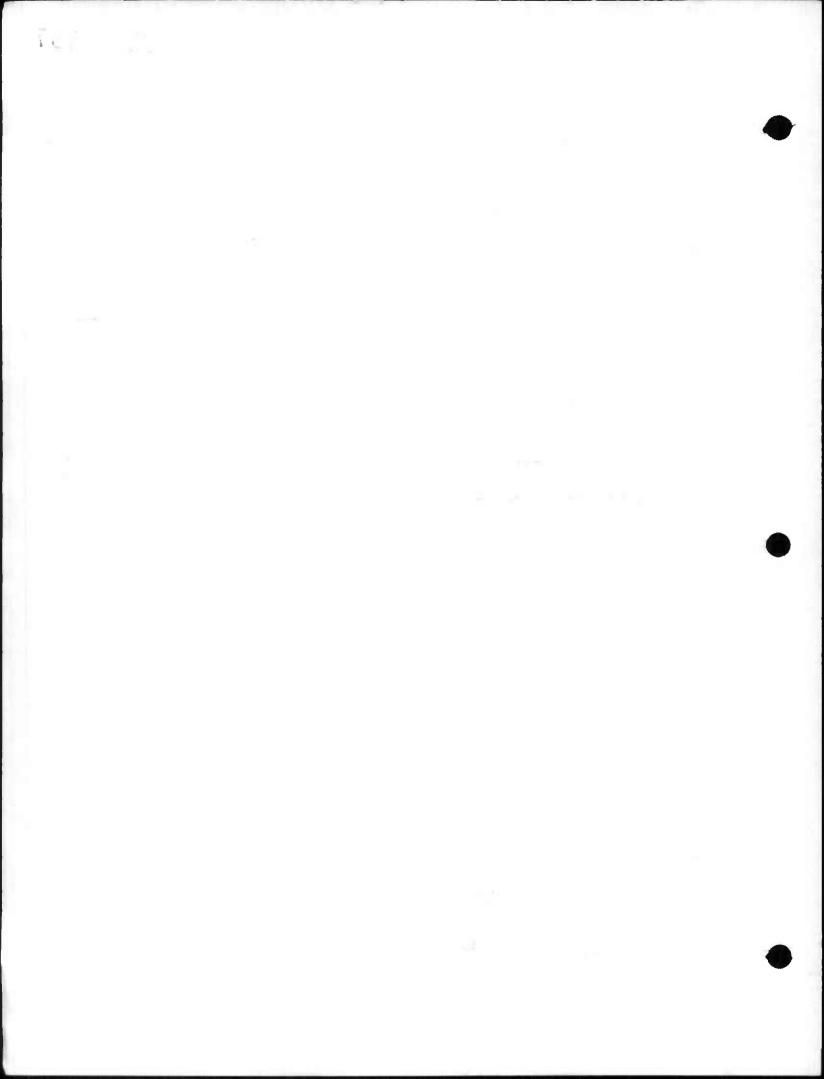
32 REGISTRAR'S AGNATURE

0

	E
-	ė
BALTII	deat
m	after
	OULS
	177
	5
20,	with
~	8
JE VITAL RECORDS, P.O. BOX 68760	executed within 2-
$\tilde{\Xi}$	2
×	e
	fica
0	ert
a.	4
ທົ	death ce
ä	the
ĸ	at
0	# S
S	ire
#	De
_	AMP.
A	The
5	3
	3
5	\$
_	ō.
	20
\preceq	2
2	E
>	A
DIVISION	L OR ATTENDING PHYSICIAN:
_	AL
	DSPITAL OF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH July 15, 1994 Alice Wrightson Mary Α. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Morith, Day, Year) 8/11/13 80 1 M 2 X F 05 2312 Maryland 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Carroll Mt. Airy 1 TYES 2-NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 4101 Balitmore National Pike 21771 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Marrie 1 YES 2 NO Specify. BY 3 Widowed 4 K Divorced White COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5 +) Coordinator Goucher College once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 褑 Joseph William Taylor Orpha Taylor Moxley BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Audrev Kefever Balto. Nat. Pike Mt. Airy, Md. 21771 pe OATE 20c. LOCATION — City or Town, State Md 20s. METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must 7/18/94 Marriottsviolle, 4 Donation 5 Dother (Specify) Cemetery M+ View examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Haight Funeral Home O.Box 195 Sykesville. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Approximate** Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition the PREMICHA G

DUE TO (OR AS A CONSEQUENCE OF): resulting in death) event, Domenti4 A17 Leiner Dome.
De TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 00 any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 - YES 2 - NO Shows 1 YES 2 NO PHYSICIAN: Dept. h the State D. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Rasidence 6 🗀 Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c, INJURY AT WORK? marked, 28d, OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, term, atreet, tactory, office building, atc. (Specify) 69 3 Suicide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED DIRECTOR: hours after the litem 28 is 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29c, LICENSE NUMBER BE 29d. DATE SIGNEO (Mogth, Day, Year) WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 144 15 9



CIP

ITEMS: 8.9b.10c-22, PER F.H. FILM G-717 11/10/94 t.t

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DONALD G. WRIGHT MO

1994 R

32. REGISTRAR'S SIGNATURE Davidson Randall

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR FENG **ZHENG** 1994 JULY 2:30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 20 1 🔯 M 2 🗌 F YRS. CHINA 1 - 30 - 19749e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PLEASANT DIRECTOR 6300 FOOTE STREET PRINCE GEORGES 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION CAPITOL HEIGHTS 10d. INSIDE CITY Seat Pleasant Maryland Prince George Co 1 YES 2 NO 100. STREET AND NUMBER 6311 FOOTE STREET FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 634 Foote Street 20743 CHINA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuban, Mexicon, Puerto Ricon, etc.) FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried SpecifyChinese Specify CHINESE BY 1 YES 2 X NO 3 Widowed 4 Divorced Oriental COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5 +) RESTAURANT KITCHEN HELPER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) YUEN ZHENG MU XIAN LUI BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SE OTANG CHEN (EMPLOYER) 11309 ROYAL MANOR WAY, N. POTOMAC 20s. METHOD OF DISPOSITION
1 ☐ Burlal 2 1 Cremetton 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE cemetery, cremetory or other place)

SUBURBAN CREMATORY 4 Donation 6 Other (Specify) in State SILVER SPRING, MD. 20910 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir RAPP FUNERAL SERVICES 933 GIST AVE. SHIVE SPRING, MD 655W. Baltimore St, Balto, MD21201 WILLIAM B. CLARK 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition_ Shotgun wound of shoulder and neck reaulting in death) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa reaulting in death) LAST PART il. Other significent conditions contributing to daeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 X YES 2 | NO OF DEATH? 1 XYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1X YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 2:20AM 1 TYES 2 XNO 7/4/94 VICTIM SHOT BY 2 Accident 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED. 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 8 Could not be 4 X Homicide datarmined ON STREET 29s. CERTIFIER 1 Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. COMPL 2 💢 MEDICAL EXAMINER: On the beats of examination end/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(e) and manner ea stated. 296. SIGNATURE AND TITLE OF CERTIFIER
Wonald of Wright MD 29c. LICENSE NUMBER 29d, OATE SIGNED (Month, Day, Year) O.C.M.E. JULY 4, 1994 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

0071

\$ 0 A B A BB

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an order of the death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE (MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	02.11.11	OAIL OI DEAIII	2. DATE OF DEATH	3. TIME OF OEATH				
	Frank Alberstadt			MONTH DAY	94 6:30 A M				
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign				
	165-09-7174 1XM2C	F 80 YRS.	MONTHS DAYS HOURS MIN,	(Month, Day, Year) 3-16-1915	Russia				
	9a. FACILITY NAME (If not institution, give street and number	n	9b. CITY, TOWN OR LOCATION OF E		OUNTY OF DEATH				
OR	8600 16th St. Apt. 102		Silver Spring,	Md. Mor	ntgomery				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10- CITY	TOWN OR LOCATION						
Ĕ					10d. INSIDE CITY LIMITS?				
	Md. Montgomery	ISilv	er Spring	100 (1 YES 2 NO				
FUNERAL	8600 16th St. Apt. 10	2	2000000	log. c					
3		EDENT EVER IN U.S. ARMED	20910	NIC ORIGIN? (Specify Yea or No-	USA - 14. RACE American Indian.				
	1 Never Married 2 Merried FORCES:	1 YES 2 NO	If yes, specify Cubsn, Maxic	en, Puerto Rican, atc.)	Black, While, alc.				
BY	3 Widowed 4 Divorced		Y. Co. Z.	Specify: White					
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S U	ISUAL OCCUPATION ork done during most of working	16b. KIND OF BUSINESS/	INDUSTRY				
9	Elementary/Secondary (0-12) College (1-4	life On NOT use	retired.)						
M P	12	Own Bus		Liquor Stor					
	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S N	AME (First, Middle, Melden Surname	9)				
BE	Solomon Alberstadt 19a. INFORMANT'S NAME (Type/Print)			rah Melnick					
2			ADDRESS (Street end Number or Rura						
Ė	Luba Ross 200_METHOD OF DISPOSITION		ockville Pike.		20852 — Cily or Town, Stata				
-	1 \[\(\) \(\) Burial 2 \[\] Cremation 3 \[\] Removal from Sta 4 \[\) Donation 5 \[\] Other (Specify)	20b. PLACE AND DATE OF Connectory, or other Name of Connectory or other Care David	or place)						
	21. SIGNATURE OF TWERAL BERVICE LICENSES.	INTING DAVIG	22. NAME AND ADDRESS OF F	<u>-26-94 Falls C</u>	nurch, va.				
	I lead - Ro			Funeral Direct	ion				
	1010	m	1091 Rockvill	e Pike. Rockvi	11e. Md 20852				
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only one	i that coused the deeth. Do no cause on each line.			Approximate Interval Between				
	IMMEDIATE CAUSE (Fine) disease or condition	adach be	· Carrie	J. J. Pro	Onset and Death				
	resulting in death) e. / (E / U S / h /) / C U (I / O M h) / 1/ 0 S / h / C								
	DUE TO (OR AS A CONSEQUENCE OF):								
O	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
¥	cause. Enter UNDERLYING								
E	CAUSE (Disease or injury that initiated events	E TO (OR AS A CONSEQUENCE OF)	:						
CERTIFICATION	resulting in deeth) LAST								
	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part 1. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
CAL	TATE II. Other agrinteens conditions contribution	y to deeth but not resulting in	i the underlying ceuse given in	PERFORMED?	AVAILABLE PRIOR TO				
Ö				1 - YES 2 NO	OF DEATH?				
Σ					1 TYES 2 NO				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heet est ess)					
S	EXAMINER? HOSPITA		OTHER:						
H		E OF INJURY 266, TIME		6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJURY	OCCURED				
	1 Natural 5 Pending (Mc	nth, Day, Year) INJU							
BY	2 Accident Investigation 3 Suicide 6 Could not be 26e. PL	ICE OF INJURY — At home, farm, at		26f. LOCATION (Street and Num	nber or Rural Route Number,				
비	4 Homicide determined but	ding, atc. (Specify)		City or Town, State)					
9	29a. CERTIFIER DECERTIFYING PHYSICIAN: To the h	art of my knowledge, death economic	Last also allows designed allows are designed.						
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the base		if at the time, data and place, and du in my opinion, death occured at the						
	296. SIGHATUBE AND SICE OF SHILLIAN	1 1							
핆	AMIN' MALLON		29C. LICENSE NO	7675 290.5	DATE SIGNED (Month, Day, Year)				
2	30 MANUE NO ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 27) (Type.	Print)	111- 12	me U/C3/11				
		, , , , , ,							
	31. DATE FLU NOOMS ON 1994 Fisher	STAR'S SIGNATURE							
	JUIT & 9 1394 June	Davidson- Handell							

0	
N	
020	4
8	
	4
Ċ	
21	4
S	
_	
21	
-	-
	Ī
-	
Z	á
ST.	
7	4
-	
MARY	
OC.	1
	١
4	1
95	1
Mana	
	O 0 4 4 0
ш	ı
C	1
-	
0	4
=	
2	
	ć
\vdash	
ALTIMO	4
-	- 1
<	7
B	3
	4
	-
	- 5
	- 3
_	j
	and a special of the same
-	и

DIVISION OF VITAL RECORDS P.O. BOX 68760

1	ŕ
٥	- the
	001100
	ď
7	100
5	3
-	- 5
9	-
9	2
T.O. BOA GOLOU	
)	4
۵	è
	ú
)	1
	9
	400
'n	÷
VIAL DECODES,	ne she d
	-
-	i
ب	- 7
٠	- 5
Ų	Š
	- 3
1	ě
1	5
-	Ė
_	ż
	2
-	ē
)	Ş
	0
5	741
4	Ś
)	Į,
	ATTENDALO
	9
3	0
	OC INTIO
	č

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MAR		DEPAR					MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	(Lill	ian J	_						OF DEATH			3. TIME OF DEATH	1
- 8	Lillian J.	Bowma				20	,		DO C		C	94	7:40	PM
	4. SOCIAL SECURITY NUMBER	MONTHS DAYS HOURS MIN. (Month, Day, Year) Count							HPLACE (State or For	wign				
	215-38-4049		79	YRS.					Mar		1915		nington,	DC
m	9s. FACILITY NAME (If not institution, give s						R LOCATI	ON OF D	EATH		9c. COL	JNTY OF D	DEATH	
6	Suburban Hospital Bethesda Montgome											omery		
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY	_
	Maryland Mont	gomery			E	ethe	esda						LIMITS?	NO
FUNERAL	10e. STREET AND NUMBER	-		_		101	. ZIP COD						WHAT COUNTRY?	
	6101 Wilmett Roa						208					ited	States	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVI FORCES? 1 Y	ES 2 XI	RMED NO		If yes, sp	ecify Cubi	ın, Mexici	in, Puerto	N? (Specify Year Rican, etc.)	n or No—	14. RAC Blac	E — American Indie k, White, atc.	n,
E	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES			1 🗌 YES	2 1 NO	Specif	y:			Spec	White	
2	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	ECEDENT'S	USUAL O	CCUPATIO	ON .		161	. KINO OF BU	SINESS/IN	DUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT u	se retired.)		St OF WORK	ng						
COMPLETED	12		1	Homen	aker					Own	Home	9		
	17. FATHER'S NAME (First, Middle, Last) William Henry Di	snev								Middle, Maiden Moran	Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)	b 144H INC	ADDRESS	D (D)				MOLall ober, City or Tow						
2	Harry E. Bowman									, Mary		207	707	
	20s. METHOD OF DISPOSITION		20b. PLACE							E 20c. LO				
	1 🔀 Burlet 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗆 Other (Specify)	oval from State	cemetery cre	emetory or o	ther place!			k 6/	1				Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					D ADDRE	SS OF FA	CHITY	7 Fune:	ral E	Iomo	/	
	Karnt 7	and	MOO	198			Be	ethe	sda-0	Chevv (Chase	a. Tr	nc. 20814-35	0.1
	23. PART I. Enter the diseases, or	complications that cau	sed the da	sth. Do :									Approxima	
- 1	shock, of heart failure. IMMEDIATE CAUSE (Final	List only one cause o	n esch ilne	.							e confirm		Interval Be Onset and	
	disease or condition resulting in death)	. Can	min (. /	Ing.	457	_						1 1 1	w
		DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions. 6. Myccommerc TNFAAC TVFAAC TVV										36hc	W		
- I	Sequentisity list conditions, If any, leading to immediate cause. Enter UNDERLYING CALISE (Disease or John).										481			
	CAUSE (Disease or Injury that Initisted events	DUE TO (OR AS A CONSEQUENCE OF):								1	زما			
CERTIFICATION	resulting in deeth) LAST	d. GASTI	-0 HZ-1	-cni	F15								724	wj
- 11	PART II Other significant condition	a contributing to des	h hut not a	e e ultimo	lm the re	a di adi alar		alum In	Do-A I					
S S		PERFORMED? A								AVAILABLE PRIOR T COMPLETION OF CA	O			
MEDIC										1 TYES 2	2 PNO		OF DEATH?	
Σ	DID TOPACCO LICE	CONTRIBUTE	O CALL	cr or	DEA	991 I V	/FC /-	7 14	_				1 TYES 2 10-10	0
A	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	O CAU	SE OF	DEA					ne)				
2	S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO													
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJU	RY	28b. TIM	E OF	28c. INJ	URY AT			SCRIBE HOW	INJURY OC	CURED		
2	1 Natural 5 Pending 2 Accident Investigation	Investigation 1 YES 2 NO												
	3 Suicide 8 Could not be 4 Homicide determined	Suicide 8 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)								Route Number,				
4	4 Homicide detarmined										_			
COMPLEIED	17.00	ICIAN: To the beat of my k ER: On the basis of examin											s) and manner as st	ited.
	29b. SIGNATURE AND TITLE OF CERTIFIED							ENSE NU					(Month, Day, Year)	
1 8 1	2 2	~					0	415	20		•	6/2	7-194	
2	30. NAME AND ADDRESS OF PERSON WH		DEATH (ITE			מים מי	· /	-	10	Constant .	. As	0 3	0817	
				e pa		- 5- 0	- 1/		~_1(FARS ARM	- ///	-		
	31. DATE FILED (Month, Day, Year) 31. DATE FILED (Month, Day, Year)	gruha Davidso	n-Adno	الواقل										

Out .

•

C. DOX 60; C. DOELIMORE, MANIEAN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
The state of the s	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows

0

M.D.

1994

Mizus,

Irving

31. DATE FILED (Month, Day, 16er)

JUN 2 7 1

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FOR STATE REGISTRAR		STATE OF N	MARYLAND /	DEPARTM					REG. NO			
1. DECEDENT'S NAME		Giusta		Burk	e			MONTH	e 23,	1994	YEAR	10:40 A
4. SOCIAL SECURITY 577-05-5	NUMBER 420	5. SEX 1	6. AGE (In yrs. les	YRS. MON	THE DAYS	HOURS	MIN.	7. DATE (Month)	OF BIRTH Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
Manor (are Poto			9b.		on location	ON OF DEA	ATH	- III.A 1-	9c. COUN	ntgo	АТН
10e. STATE Maryland	10b. COUNT	v ntgomery		10c. CITY, TO	ensin							IOd. INSIDE CITY LIMITS?
10e. STREET AND NU 4010 B 11. MARITAL STATUS 1 Never Married 3 Widowed 4	rainard A	12. WAS DECEDEN	YES 2X	IMED NO	13. WAS D	208 ECENDENT O specify Cuber ES 2 1 NO	95 IF HISPANI	, Puerto R		Uni	ted S	States - American Indian, white, etc. White
Q I (Spec	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) Secretary 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Monument Company											
Joseph	n S. Gius	ta	1	MAN MIS ASS	need /A	E	lean	e (First, M	liddle, Meiden rowne	Surname)		
William 1	H. Burke		31	5. MAILING ADD	n Ho	od Cir		Lit	tle R	iver,	sc	
1 Burlel 2 Cn 4 Donation 6 D	Other (Specify)		Rockv		olace)	Cemete	ry6/	27/9	4 Roc	kville	e. Ma	rvland
Barba	ua Jo Mo	Muller	<u> </u>	nce	Robel Rocky Aveni	t A. Ville, le, Ro	Pump Inc ckvi	ile,	Fune 00 We Mary	ral Host Mos land	ome/ ntgon 2085	nery 10-2805
23. PART i, Enter shock, iMMEDIATE CAUS disease or conditi resulting in death	or Reset fellure. E (Finsi Dn	e. Strok	ce on eech line).	enter the r	node of dyi	ng, such	ss csrd	iec or reep	iretory srre	est,	Approximete interval Betwee Onset end Deet
if sny, leading to it cause. Enter UND CAUSE (Disease of thet initiated even	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Atherosclerotic Cardiovascular Disease OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO									0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO	
25. WAS CASE REFER EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA AWAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: AWAS CASE REFERRED TO MEDICAL 1 Inpatient 2 ER/Outpetient 3 DOA Winsing Home 5 Residence 6 Other (Specify)											
27. MANNER OF DEAT 1 Netural 2 Accident		26e. DATE OF (Month, D	INJURY	26b. TIME OF	28c. l	NJURY AT VORK?			Other (Specify) d. DESCRIBE HOW INJURY OCCURED			
O Culateta	3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)											
4 Homicide 29e. CERTIFIER (Check only one) 2		ICIAN: To the best of ER: On the beele of e										and manner ee stated.
29b. SIGNATURE AND	THE OF CERTIFIE	MD					D265					Nonth, Day, Year)

4930 Del Ray Avenue, Bethesda, Maryland

DHMH-16 Rev 1/89

68760,
O. BOX
P.
RECORDS,
OF VITAL
DIVISION

一 一 三 五	THE FUNEF filed within	TAL OR ALLENDINAL SAL DIRECTOR: AL 72 hours after de It Item 28 Is 1	After this certifical leath with the St marked, or II	the law requirate has been state Dept. of hitter 23 show	min 24 hourstely filled in I	by the funeral smoval. Ilical examin	director, pag	e 5 should by notified a	the hospital e detached for	or attending pl	rysiclan. urial-transit pen	mit. Pages 1,	2, 3 should
THE FUNEAULY OF ALL ENUMY PRINCIPATION OF THE PURPLY OF THE FUNEAULY SHOW THE FUNEAULY SHOW THE FUNEAULY SHOW THE FUNEAULY SHOW THE FIRE OFFI. OF I MPORTANT: If I I I I I I I I I I I I I I I I I I	I.A.L. OR ALLENDING PRYSICIAN; THE BAY REQUISAL DIRECTOR: After this certificate has been a 72 hours after death with the State Dept. of It Item 28 is marked, or item 23 show	NG PRYSICIANS: The law requirection this certificate has been ath with the State Dept. of himarked, or Item 23 shoy	ate has been tate Dept. of he tem 23 show		orean certificate be executed with the attending physician and completed in Hygiene prior to bunal, creury, or other traumatic even	arn certificate be executed within 24 hours strending physician and completely filled in fall Hygiene prior to burial, cremation, or e.f., or other traumatic event, the mea	ompletely filted in by the cremation, or remove event, the medical	ompletely filed in by the funeral of the completely filed in by the funeral of the cremation, or remove event, the medical anamines	ompletely filed in by the funeral of the completely filed in by the funeral of the cremation, or remove event, the medical anamines	ompletely filed in by the funeral of the completely filed in by the funeral of the cremation, or remove event, the medical anamines	ompletely filed in by the funeral of the completely filed in by the funeral of the cremation, or remove event, the medical anamines	ompletely filed in by the funeral of the completely filed in by the funeral of the cremation, or remove event, the medical anamines	so within 24 hours are occur. Page 6 may ompletely filled in by the furnish director, pa it, cremation, or remove event, the modical axaminer must b
te FUDSTIAL, UK ALIENDING PHYSULANT. THE LAW requires mat me de FE FUNEAT LORECTOR: After this certificate has been signed by the a de within 72 hours after death with the State Dept. or Health and Men NATANT: It liem 28 is marked, or item 23 shows any injury	I.O. UN ATTENDING PHYSOLANT: THE LAW requires man the of ALD IRECTOR: After this certificate has been signed by the a 72 hours after death with the State begrt, or Health and Ment If Item 28 is marked, or item 23 shows any injury	No. PHYSICIANY: The law requires that the of fier this certificate has been signed by the a rath with the State Dept. of Health and Men marked, or Item 23 shows any Injury	Ine law requires that the or ate has been signed by the a late Dept. of Health and Men tem 23 shows any Injury	signed by the a leath and Men Health and Men was any Injury	be executed with an and comply or to burial, cre to burial, cre to the tree to the tree to the tree to the tree to the tree tree to the tree tree tree tree tree tree tree	be executed within 24 hours ian and completely filled in or to burial, cremation, or in sumatic event, the medi	ompletely filted in by the cremation, or remove event, the medical	ompletely filed in by the funeral of the completely filed in by the funeral of the cremation, or remove event, the medical anamines	ompletely filed in by the funeral of the completely filed in by the funeral of the cremation, or remove event, the medical anamines	ompletely filed in by the funeral of the completely filed in by the funeral of the cremation, or remove event, the medical anamines	ompletely filed in by the funeral of the completely filed in by the funeral of the cremation, or remove event, the medical anamines	ompletely filed in by the funeral of the completely filed in by the funeral of the cremation, or remove event, the medical anamines	ompletely filed in by the funeral of the completely filed in by the funeral of the cremation, or remove event, the medical anamines
N: The law requires that the icate has been signed by the State Dept. of Health and Miller 23 shows any Inj	Int. OR ALENDING PRINCIPLY. THE IAW REQUIRES THAT THE DEATH CENTRICATE A'AL DIRECTOR. After this certificate has been signed by the attending physic ZP hours after death with the State Dept. of Health and Mental Hyghene pric If Item 28 is marked, or item 23 shows any injury, or other tra	No Frisolows: the law requires that me beam certificate this certificate has been signed by the attending physic rath with the State Dept. of Health and Mental Hyghere primarked, or Item 23 shows any Injury, or other tr	ine law requires man the dearn cermicate ate has been signed by the attending physic late Dept. of Health and Mental Hygiene priciem 23 shows any injury, or other traitem 23 shows any injury, or other traitem.	ines that the death certificate signed by the attending physic featth and Mental Hygiene prices as any injury, or other tra		min 24 hourstely filled in imation, or it, the mod	T Dy T	rs after Oseith. Pay or by the funeral of removal. odical examiner	rs after Oseith. Pay or by the funeral of removal. odical examiner	rs after Oseith. Pay or by the funeral of removal. odical examiner	rs after Oseith. Pay or by the funeral of removal. odical examiner	rs after Oseith. Pay or by the funeral of removal. odical examiner	rs after Oseith. Pay or by the funeral of removal. odical examiner

(14V)

	1 - STATE REGISTRAR	STATE OF M			MENT OF			MENTAL HYGIEN REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last) SAMUEL	EDWARD	В	AXTER				June 25, 19	94 94	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 29 1-12-3315	5. SEX 1 X M 2 F	6. AGE (In yrs. last		IF UNDER 1 YEAR	-	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOW	N OR LOCATIO		February 3,	_	We:	st Virginia
TOR	204 S. Division St. Fruitland Wicomi										
DIRECTOR	Maryland Wic	comico			TOWN OR LO					Т	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 204 S. Division					10f. ZIP CODE					HAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 K Merried	12. WAS DECEDENT	X YES 2 N	MED O	If yes,	ECENDENT O	F HISPANI	IC ORIGIN? (Specify Ye n, Puerto Ricen, etc.)		14. RACE Black,	— American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	WW II		1 '0'	ES 2 XNO	Specify:	:		Whi	
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DEC (G/	Ve kind of wo	SUAL OCCUP/ rk done during retired.)	TION most of working	9	16b, KIND OF BU	SINESS/IND	JSTRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5 +)			Mechan			Truck	Renai	r	
COMPLET	17. FATHER'S NAME (First, Middle, Last)			1301	lectran		ER'S NAN	ME (First, Middle, Malden		1	
BE C	Clarence (unk)	Baxter				Mar	У	(unk) B	eabou	t	
TO	190. INFORMANT'S NAME (Type/Print) Goldie Baxter		19b					oute Number, City or Tow Fruitlan			26
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	oval from State	20b. PLACE A	natory or othe	ar place)				CATION — C		
	21. SIGNATURE OF FUNCTIAL SERVICE LIC	fol the	vees	na vere	Но	and address 11oway	s of fac				
	23. PAIN i. Enter the diseasea, Dr c ehock, Dr heart fellure. I	omplications that	couped the dec	eth. Do no	t enter the i	node of dyir	ng, auch	aa cerdlec or resp	ratory arre	at,	Approximete
	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	· Ph	eumon	12						3	Interval Between Onset end Death
NOI	Sequentially liet conditione, if any, leading to immediate Due to (or as a consequence of): Due to (or as a consequence of):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEO		05.	· · · · · · · · · · · · · · · · · · ·					Tracs
EH EH		1									
MEDICAL	PART II. Other eignificent condition	e contributing to a	leath but not re	Pulling in Plants V	betes	ing ceuse gl	Iven in P	Part I. 24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpution: 2 ER/Outpatient 3 DOA 26. PLACE DF DEATH (Check only one) 7. MANNER OF DEATH 28. PLACE DF DEATH (Check only one) 26. PLACE DF DEATH (Check only one) 7. Manner of DEATH 28. PLACE DF DEATH (Check only one) 26. PLACE DF DEATH (Check only one) 26. PLACE DF DEATH (Check only one) 26. PLACE DF DEATH (Check only one) 27. Manner of DEATH 28. PLACE DF DEATH (Check only one) 28. PLACE DF DEATH (Check only one)										
SIC											
1 10	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28e. DATE OF INJURY (Month, Dey. Year) 28e. DATE OF INJURY (Month, Dey. Year) 28e. DATE OF INJURY (Month, Dey. Year) 28e. DATE OF INJURY (Month, Dey. Year) 28e. DATE OF INJURY (Month, Dey. Year) 28e. DATE OF INJURY (Month, Dey. Year) 28e. DATE OF INJURY (Month, Dey. Year)							NJURY OCCI	JRED		
8	3 Suicide 6 Could not be determined	28e. PLACE OF building, e	INJURY — At homic. (Specify)	ne, ferm, stre	et, factory, of	fice		28f. LOCATION (Street a City or Town, State)	and Number o	or Rural Ro	ute Number,
COMPLET	290. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	CIAN: To the best of m	ny knowledge, dea mination end/or in	th occurred	at the time, do	ita end place, death occure	end due to	o the ceuse(s) end mer	nner es state	d. ceuse(s)	end manner es stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO) mo)			29c. LICE		BER			Month, Day, Year)

31. DATE FRED (Month, Day, Year)

JUN 28 1994 12 AUGISTRAR'S SIGNATURE

Robert

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21801

Steve I

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

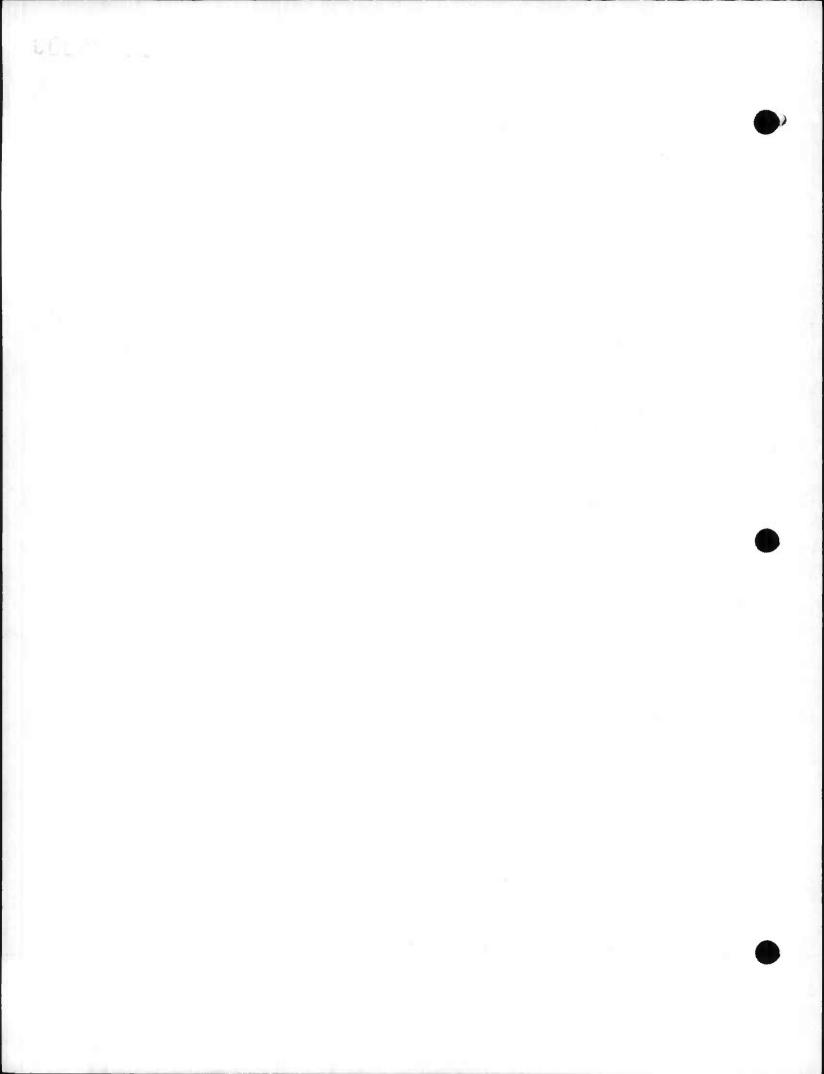
8

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Acours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF H	IEALTH AND MENTAL H	IYGIENE
CERTIFICATE OF	DEATH F	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MA			MENT OF H		MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last) MARJORIE CULLEN				Bro	dlay	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest	hirthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1994	1990 M HPLACE (State or Foreign
	214 42 9722	1 🗆 M 2 💢 F	85		ONTHS DAYS	HOURS MIN.	11-26-190	B Count	ny)
	9e. FACILITY NAME (If not institution, give	street and number)		-	Bb. CITY, TOWN (OR LOCATION OF DE		9c. COUNTY OF D	
8	PENINSULA REGIO	NAL MEDICA	L CENTE	R	SALIS	BURY		WICOM	CO
ទួ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c, CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
DIRECTOR	De. Suss	ex			Delmar				LIMITS?
AL.	10e. STREET AND NUMBER	*			101	. ZIP CODE		10g. CITIZEN OF	
FUNERAL	302 E. Lincoln A					19940		USA	
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT ET	YES 2 ZIN	(ED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes n, Puerto Ricen, atc.)	or No- 14. RAC Bisc	E Americen Indian, k, White, etc.
B	3 N Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYES	2X NO Specify	r.	Spec	wy: White
	15. DECEDENT'S EDU (Specify only highest grad				SUAL OCCUPATION MO		16b. KIND OF BUS	INESS/INDUSTRY	
	Elementary/Secondery (0-12)	College (1-4 or 5+)	life.	Do NOT use i	retired.)	st or working			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4	Te	achir	ng		School		
ŭ	Lee Wheatley Cul	len					ME (First, Middle, Meiden on Seph Culle		`
0	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS (Street a		Soute Number, City or Town		
۵	Marjorie B. Sims		3	02 E.	Linco	ln AVe.	Delmar, De	e. 19940	
	20e. METHOD OF DISPOSITION 1 1 Buriel 2 □ Cremetion 3 □ Ren	noval from State	20b. PLACE Al	ND DATE OF	DISPOSITION (Na	me of	1 1	CATION — City or To	
	4 1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE U	CENSEE A	St. S	téphe	_	ID ADDRESS OF FA		lmar, De	
	111 - 11	1/1-1	1				l Home, Ind	2.	
4	William N.	HON h					St. Delmar		940
	23. PART I. Enter the diseeses, or shock, or heart fellure.	List Drily Drie ceuse	oused the dea on each line.	ith. Do not	t enter the mo	de of dylng, auc	h aa cerdiac or respi	ratory arreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finei disease or condition	Ronni	1 Fa	, tur	1-1	(p / /	eD/UN		Onset and Death
	resulting in death)	DUE TO (OF	AS A CONSEO	UENCE OF):	0 - (10)1	490/0-0		10 10101
100 100 100 100 100 100 100 100 100 100									
AT	Sequantially list conditions, I DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING								
ERTIFICATION	CAUSE (Disease or Injury that initiated events	C DUE TO (OR	AS A CONSECU	UENCE OF):					
	resulting in death) LAST	d.							
ပ	PART II. Other aignificant condition	ns contributing to de-	eth but not re	sulting in	the aurderlying	ceuse olven in	Part I. 24a, WAS AN	ALETTOREY AND	. WERE AUTOPSY FINDINGS
N S	ANAIGICA	ANEM		1146		MUN	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDIC		(1			1 YES 2	₹NO	OF DEATH?
Σ 	DID TOBACCO USE	CONTRIBUTE	TO CAUS	E OF	DEATH Y	ES NC			1 125 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (Ch	eck only one)		
	1 TYES 2 NO	1 ☑ Inputient 2 ☐ EF		DOA 4			6 Other (Specify)		
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJ (Month, Day,)		26b. TIME (TY WO	URY AT RK? /ES 2 NO	26d. DESCRIBE HOW IN	JURY OCCURED	
è e	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF IN	JURY At hor	ne, farm, stre			261. LOCATION (Street a	nd Number or Rural	Route Number,
ETED	4 Homicide determined	building, etc.	(Specify)				City or Town, State)		
	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, dea	th occurred	at the fime, data	end place, end due	to the cause(s) end men	ner es stated.	
COMPL	one) 2 MEDICAL EXAMIN	ER: On the basis of exam	ination and/or in	vestigation,	in my opinion, d	eath occured at the	time, date and place, en	d due to the cause(s) end menner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIE	R A A				29c. LICENSE NUN	(BER	29d. DATE SIGNED	(Month, Day, Year)
2	30 NAME AND ADDRESS OF BERCON HA	O COMPLETED CAMPE	DE DEATH #TT	270 /3	ries)	1/5	76	1-1	- 17
	30. NAME AND ADDRESS OF PERSON W	MITI	T DEATH (ITEM	27) (fype, P	T. Di	= / //L	Y, ZAL	intel l	E 19916
	31. DATE FILED (MONTH, Day, Year) JUL 05 199	32. BEGISTRAR'S	SIGNATURE	delle			/		



BALIIMORE, MARYLAND 21215-0	lours after death. Page 6 may be retained by the hospital or attending	
ND	hospital	
5	the	
>	5	
MAH	retained	
	2	
Ï	may.	
)	9	
Σ	Page	
AL	death.	
n	after	
	55	
-	9	
	D	i
9	4	
Š	With	
BUX 58/50	rate be executed within	
2	2	,
n	ate	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
rsician: The certificate hat the State D	
ENDING PHY IR: After this er death with	
AL DIRECTO 72 hours afte	
THE HOSPIT THE FUNER Iled within 7	
5 5 3 X	

1, 2, 3 should

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH			3. TIME OF DEATH		
	WILLIAM W. BARRALI	SR.	}	Barral	1	June 29 19		1720 M		
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	B. Bif	RTNPLACE (State or Foreign		
	221 18 8285 NXM 2 □ F 63		YRS.	RS. MONTHS DAYS HOURS MIN.		1-27-1931		DE .		
~	98. FACILITY NAME (If not institution, give street and number) PENINSULA REGIONAL MEDICAL CENT			96. CITY, TOWN OR LOCATION OF SALISBURY				TY OF DEATN		
DIRECTOR	RESIDENCE OF DECEDENT	L PEDICAL (SENIER	SKLL			WICOM	100		
3	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?			
	De. Sussex			Laurel						
3AL	10e. STREET AND NUMBER		10f. ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY?			
FUNERAL	124 E. Market St. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF			19956			USA			
	11. MARITAL STATUS 1 □ Never Married 2 ☒ Married 12. Was DECEDENT EVER IN U. FORCES? 1 □ YES 2 IF YES, GIVE WAR OR DATE		2 INO	2 NO If yes, specify Cuban, Maxica			nr. Puerto Rican, etc.) Black.			
B	3 Wildowed 4 Divorced	ATES	I ☐ YES 2 👸 NO Specify			Sp	White			
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) (G			DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			16b. KIND OF BUSINESS/INDUSTRY			
	Elementary/Secondary (0-12) C	ollege (1-4 or 5+)		•			Interior			
MP	11 Int			nterior Design			Decorations			
	Leslie Barrall					ME (First, Middle, Meiden : Adams Mari				
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	DDRESS (Street a		oute Number, City or Town				
2	Minnie M. Barrall					urel, De.				
	20a, METHOD OF DISPOSITION 1 [A Burlet 2] Cremetton 3] Removal	from State	PLACE AND DATE OF	DISPOSITION /No	me of		CATION City or	Town, State		
	4 Donation 5 Other (Specify) Laurel Hill Cemetery 7-3- Laurel, De.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				22. NAME AND ADDRESS OF FACILITY Short Funeral Home, Inc.					
	William M. Alath Laurel, De. 19956									
							Approximate interval Between Onset and Daath			
	disease or condition resulting in death) a. Ventralar ton and a br									
N	Sequentially list conditions, a Ventralian Areynism									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)					. 11.				
임	CAUSE (Disease or Injury that initieted events	CONSEQUENCE OF	in marchy 1 and 10 1010							
FR	resulting in death) LAST d. Hypoxic Encephalopally									
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
ICAL	Coronem antin					PERFORMED? 1 YES 2 NO OF DEATH				
	SIP large Ante	cerdial 2				OF DEATN?				
ż	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
PHYSICIAN: MEDIC	1 YES 2 NO 1 No 1 Nonetlant 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)									
ВУ РН	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending Investigation 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED									
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, term, street, factory, office 28t. LOCATION (Street					28t. LOCATION (Street a City or Town, State)	and Number or Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINET: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 42522						
5	PRAKAIH DALAL, ND 614 Eastern share Drive Ralishny, mp 21801									
31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE JULY 05 1994 July Davidson Revolution						()				
	JUL 05 1994	Jahr Davide	x-hardell				U			

4015.

		should
		63
		2,
		-
		Pages
		physician and completely filled in by the funeral director, page 5 should be detached for use as the bundulanist permit. Pages 1, 2, 3 should
	ian.	-transit
BALTIMORE, MARYLAND 21215-0020	ficate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	burial
0	Guil	華
15	tend	93
N	to to	nse
7	0	ĮQ.
	Spir	8
Z	20	tach
4	華	de
7	3	2
0	Pa	Page
4	tai	SF
2	9	5
Щ	y b	pag
3	Ĕ	0,
0	9 9	act.
2	920	6
-	4	era
A	Jeal	F
8	ler	the
	22	3
_	Jing.	5
		Elle
	7	A
BOX 68760,	ŽĮ.	physician and completely filled in by the
9/	2	Omo.
00	Contract	o p
9	98	8
2	2	ian
30	ate	ySic
_	Je J	T

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within burs after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.	De med within 72 hours after death with the State Dept. Of negatiful and wenter hours to behave being at once, important: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
N I	8	15
Pa	25	Pe
tain	Sho	1
9	5	20
ay b	pag	9
E	tor,	125
96	Fire	E
2	100	ine
eath	fulle	Z Z
p Ja	the !	- E
s af	6	dica
'n	D.	5 E
	1	he.
ED.	etely	1
J. W.	Jdw.	3
rute	8.	ic o
98	8	E
2	ician	2 2
cate	Ships	2 20
ertif	9	1
9	endi	6
dea	at a	2
the	4	
that	P	
SS	igne	2 2
equi	en s	100
W.	8	. 60
he is	Page C	E
N: 1	Cat	ie s
ICIA	in a	6
HYS	HIS :	Ne d
16 P	ler ti	Tal.
NO	A	1 2
TE	6	28
H A	IREC	E
AL C	070	De med within 72 hours and open with the state begu, of nearth and wernan pygletic prof to build, cremation, of removal, IMPORTANT: If litem 28 is marked, or frem 23 shows any Injury, or other traumatic event, the medical ex
PIT	ERA	1
HOS	FUN	TAN
光	불	P P
101	0	MP

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	HEGISTHAR		CERTIF	ICALE OF	DEATH	REC	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	2. DATE OF DEATH SONTH DAY YEAR 3. TIME OF DE.			
	Jacques L. Caba				06/22/94		6:45 A. M			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH	B. BIRTH	PLACE (State or Foreign	
7	038 24 9172	1 😡 M 2 🗆 F	56 YAS.	MONTHS DAYS	HOURS MIN.	(Month, Day,		Country	•	
1 3	9e. FACILITY NAME (If not institution, give		36	95 CITY TOWN	OR LOCATION OF D		23,1938	Rho	de Island	
Œ		,			IMORE	ZAIN	9e. COO!	NIT OF DE	EAIN	
2	VA Medical Cer	iter		DALI	IMORE					
DIRECTOR	10a, STATE 10b, COUNT	Y	10c CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	
E .	Maryland Mon								LIMITS?	
	2 2200021			Gaithersburg			1 YES 2			
M M	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?	
FUNERAL	20066 Doolittle		20879			ted	States			
	11. MARITAL STATUS	T EVER IN U.S. ARMED X YES 2 NO			NIC ORIGIN? (Spec	cify Yee or No-	14 BACE	- American Indian, , White, etc.		
BY F	1 Never Married 2 Merried	AR OR DATES	ES 1 TYES 2 X NO		Y Cuben, Mexican, Puerto Rican, atc.) X NO Specify:		Specif			
1	3 Wildowed 4 Divorced	1956-19	959	13.00					White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b, KIND	OF BUSINESS/INC	DUSTRY		
li i	Elementary/Secondary (0-12)	College (1-4 or 5 +	Min Do NOT u	se retired.)	ist or working					
<u>_</u>		2	Junior	Junior Accountant			ccounti	irm		
8	17. FATHER'S NAME (First, Middle, Last)		1 0 411402	18. MOTHER'S NAME						
	Eugene Cabana						,			
BE	19e. INFORMANT'S NAME (Type/Print)		10h MAII 100	ADDRESS (Street a		ee Raby		0.11		
12	Section of the sectio									
	Bernard E. Cabar								20879	
	20a. METHOD OF DISPOSITION 1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Ren	noval from State	20b. PLACE AND DATE		eme of	/23/94 2	ee. LOCATION -	City or To	wn, State	
	4 Donation 5 Other (Specify)		Montgomer	v Cremat	orium.	Inic.	Bethesd	a, Ma	aryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE AA	M00831	RODETT	ADDRESS OF F	ACIUTY	noral U	000/		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00831 Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501									
\vdash	23. PART I. Enter the diseases, or	andlinetine that	anned the death the	Avenue	, Bethe	sda, Mar	yland	2081		
	shock, or heart fallure.	List only one caus	se on each line.	not enter the the	de of dying, su	Cit da Cerdiac Or	respiratory arr	eat,	Approximata Interval Between	
	disease or condition Metastic Lung Ca							Onset and Death		
	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentisity list conditions.	atory demise								
CERTIFICATION	If sny, leading to immediata	OR AS A CONSEQUENCE O	ONSEQUENCE OF):							
3	c. Bowel Obstruction									
1 1 1	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
E	resulting in death) LAST									
	SART II Oshoo algoldinga ang dala	and a second second								
EDICAL	PART II. Other significant conditions contributing to death but not re			in the underlyin	g ceuse given in	Part i. 24a. V	Part I. 24a. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
181							COMPLETION OF CAUSE OF DEATH?			
ME							1 TES 2 NO			
3	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
PHYSICIAN:	EXAMINER? 1 VES 2 NO 1 Minpettent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
	27. MANNER OF DEATH	28a. DATE OF			URY AT		HOW INJURY OC	TIPED		
	1 🔀 Netural 5 🗌 Pending	(Month, De		JURY WO	PRK7	200. DESCRIBE	now moon occ	DONED		
B	2 Accident Investigation	26a PLACE OF	The Million As here of the							
8	3 Suicide 6 Could not be determined determined 26. PLACE OF INJURY — AI home, farm, street, factory, office building, etc. (Specify) 26. LOCATION (Street and Number or Rural Route Number, City or Town, State)							oute Number,		
7	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, date end place, end due to the cause(s) and manner as stated.									
COMPLET	one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end menner as stated.									
	296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 28d. DATE SIGNED (ASOCI. Only Mar)									
8	De COL									
2	6/09/99									
	30. NAME AND RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	Dennite Bornen VA Medical (ene)									
	31. DATE FILED (Month, Day, Year)	32. BEGISTRA	R'S SIGNATURE							
	JUN 2 7 1994	guna D	avidson-hanavoc					-		

2+1

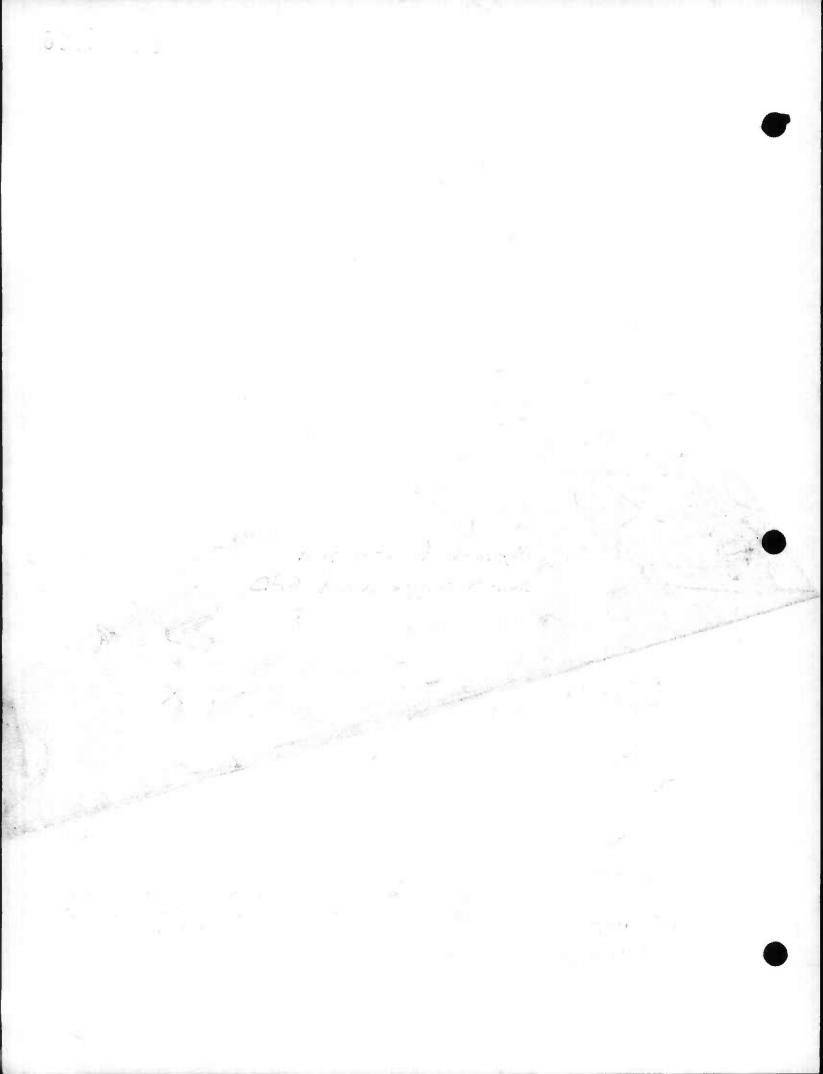
DHMH-16 Rev 1/89



DHMH-16 Rev 1/89

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH COLLINS 15 06 994 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign 217-16-6755 1 M 2 D F 87 04 - 27 - 1907 Baltimore use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Health Care Center Silver Spring Montgomery RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Montgomery SIlver Spring 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3227 Bel Pre Road 20906 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Ricen, etc.) BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 2 3NO 1 Never Married 2 Merried В 1 TES 2 NO Specify: 3-Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 12th Housewife None 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surneme) Tilden Knott notified at Clara Beares BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James T. Murray sr. 4031 Oak Moss Court, Chesapeake, Virginia be 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State director, must Georgetown Med. School 6-24-94 Wash. DC examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral Austin Royster Funeral Home, Inc.' 3605 14th Street, N.W. Wash. filled in by the fi medical 23. PART I. Enter the diseases, of complicatione that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock or hear feliure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death traumatic event, the cremation. disease or condition_ minutes completely resulting in death) requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, Severe tr, pple DUE TO (OR AS A CONSEQUÊNCE OF): attending physician and con rtal Hygiene prior to burial, CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other t DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 signed by the after Health and Mental injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Hopercholostadomia 1 TYES 2 T NO been s PHYSICIAN: Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? r this certificate hi Item 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO ne 5 - Residence 6 - Other (Specify) 0 27. MANNER OF BEATH 28e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Netural Accident TO THE HOSPITAL OR ATTENDING PHY
TO THE FUNERAL DIRECTOR: After this
be filed within 72 hours after death wit
IMPORTANT: It Item 28 is marke 5 Pending investigation 1 YES 2 NO BY 28e. PLACE OF INJURY --- At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) COMPLETED 8 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner as stated. (Check only one) MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurad at the time, date end place, and due to the cause(s) and manner es stated. 296. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) D43202 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Leisure World Blud Silva 3305 Ni Blankfort 2090 32 PEGISTRAB'S SIGNATURE Julia Davidson Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



rr attending physician. use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

O, DALLIMORE, MARILAND Z	within amounts after death. Page 6 may be retained by the hospital or	bletely filled in by the funeral director, page 5 should be detached for	ent, the medical examiner must be notified at once.
CIVILLIA DE PECCADO, T.O. BOA 601 60,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the bridge of semanting of companies of semanting of companies of the semanting of companies of the semanting of companies of the semanting of companies of the semanting of companies of the semanting of companies of the semanting of companies of the semanting of companies of the semanting of companies of the semanting of companies of the semanting of companies of the semanting	We may writin 72 mous area used with the Case pept, or regulating mental provides the medical examiner must be notified at once, IMPORTANT: If flem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

	1 - FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEAL ATE OF DE		ENTAL HYGIENE					
	1. DECEDENT'S NAME (First, Middle, Last))				2. DATE OF DEATH		3. TIME OF DEATH			
	, i	Jose A. Car	rasco		1	June 23, 1		9:12 P M			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday) IF	UNDER I YEAR IF U		7. DATE OF BIRTH		THPLACE (State or Foreign			
	578-72-4860	tXXM 2 □ F		NTHE DAYS HOU	RS MIN.	(Month, Day, Year)	Cour	ntry)			
ŀ	9a. FACILITY NAME (If not institution, give	street and number)		CITY, TOWN OR LO		Sept 5, 19	28 Arg	entina			
<u> </u>	10306 Nolcrest D					"	SC. COUNTY OF	DEATH			
2	RESIDENCE OF DECEDENT	rive		Silver Sp	ring		Montgo:	mery			
ŭ	10a. STATE 10b. COUNT	TY	10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY			
DIRECTOR	Maryland Mon	ntgomery	Silve	er Spring				LIMITS?			
	10a. STREET AND NUMBER	- 8	DIII	101. ZIP	CODE		10g, CITIZEN OF	WHAT COUNTRY?			
FUNERAL	10306 Nolcrest D	rive		20	903						
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED			ORIGIN? (Specify Year	USA	CE — American Indian,			
	1 Never Married 2 XX Married	FORCES? 1 YES	2 . NO	If yes, specify (Cuben, Maxican, I	Puerto Rican, atc.)	Bla	ck, White, etc.			
B	3 Widowed 4 Divorced	in teo, dive take on a	MI ES		tinian			spanic			
	15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DECEDENT'S USU	JAL OCCUPATION		16b. KIND OF BUSI		Spanic			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	done during most of w tired.)	rorking	1					
린	12	0	Carpente	r		Jall Tru	itt Bu	ildore			
5	17. FATHER'S NAME (First, Middle, Last)				NOTHER'S NAME	(First, Middle, Maiden S		110013			
BEC	Manuel Carrasco			F.	rancisc	a Marillas	2				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD			ste Number, City or Town,					
=	Charlotte K. Carr	casco	10306 N	olcrest	Drive	Silver Spi	ring MI	20003			
	20a. METHOD OF DISPOSITION	201	D. PLACE AND DATE OF D	ISPOSITION (Name of		DATE 20c. LOC					
1	1 Buriel 2 XX Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from Stata	retery crematory or other crt Lincoln	o Cremato	rv			ing, Maryland			
ļ	21. SIGNATURE OF FUNERAL SERVICE L			22. NAME AND AD	DRESS OF FACIL	JTY		ing, Maryland			
	► ///h	4	20.			Funeral Ho					
\dashv	Morrius	Jugar		11800 N	ew Hamp	shire Ave	Silver	Spring, MD			
	23. PART i. Enter the diseeses, or ehock, or heart fellure	List only one ceuse on a	d the death. Do not each line.	enter the mode of	dying, auch s	ss cardiec or reapire	story arrest,	Approximata Interval Batween			
	IMMEDIATE CAUSE (Finel	P-010 E	. /	ReT	0.11	Tind	,	Onset and Death			
	disease or condition reaulting in death)	a		OBSTRUCTION Onset and D							
	DUE TO (OR AS A CONSEQUENCE OF):										
ξ	Sequentially list conditions, S. EASTRIC CANCER SMALL										
Ĭ	if any, laading to immediata	DUE TO (OR AS	A CONSEQUENCE OF):								
3	cause. Enter UNDERLYING CAUSE (Disease or injury	C									
HIIFICALION	thet initieted eventa resulting in death) LAST	DUE TO (UH AS)	A CONSEQUENCE OF):								
		d									
AL	PART II. Other significent condition	ne contributing to deeth i	out not resulting in t	ne underlying cau	se given in Pe	ert i. 24a. WAS AN A		Ib. WERE AUTOPSY FINDINGS			
						PERFORM		AWAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC						1	XIII	OF DEATH?			
						-		1 TES 2 NO			
{	25. WAS CASE REFERRED TO MEDICAL			26 PLACE (OF DEATH (Check	r ogáv one)					
PH TSICIAN:	EXAMINER?	HOSPITAL:		THER:							
	27. MANNER OF DEATH	28a. DATE OF INJURY	26b, TIME OF	Nursing Home 5 26c, INJURY A	/	Bd. DESCRIBE HOW IN.	IIIBY OCCUBED				
	1 Natural 5 Pending	(Month, Day, Year)	INJURY			od. Degombe now in	JOH! OCCONED				
à	2 Accident Investigation 3 Suicide 8 Could not be	28a PLACE OF INJURY	Y — At home, ferm, stree			81. LOCATION (Street arr	of Mumber or Our	I Parte Number			
COMPLEIED	4 Homicide 8 Could not be	building, etc. (Spe	clfy)	i, iocioi y, onice		City or Town, State)	O NUMBER OF HURSE	House Number,			
4	29a, CERTIFIER		_								
	(Check only 1 CERTIFYING PHY	SICIAN: To the best of my know									
3		IER: On the basis of examination	en and/or investigation, is	my opinion, death o	ccured at the tim	ne, data end placa, and	dua to the cause	(a) and manner as stated.			
	29b. SIGNATULE AND TITLE OF CERTIFIE	Dr. Berny	Kreutz		LICENSE NUMBE			ED (Month, Day, Year)			
2	p~~				1256	6	6-3	24-94			
-	30. NAME AND ADDRESS OF PERSON W										
		CREUTZ		FACS	4						
	JUN 2 8 1994	Juna Davidson	ATURE DO .								
	0011 6 8 1334	Jane Hurasor	-Marketon								

•
9
760
~
68
9
×
BOX
\sim
\blacksquare
0
\mathbf{C}
Α'
4
.00
လ
0
_
Œ
0
Ų.
RECORD
III
R
Œ
⋖
-
=
>
ᄔ
<u></u>
_
7
=
U
_
S
_
>
_

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an area of the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO).					
	1. DECEDENT'S NAME (First, Middle, Last) Rose Marie Cammerano 2. DATE OF DEATH MONTH 6/29/44 YEAR 7.									
	094-32-9361 1□ M 2 🕮 92	_	IF UNDER 1 YEAR	Children Committee of the contract of the cont	.902 a. airt Coun	HPLACE (State or Foreign try) Jersey				
80	98. FACILITY NAME (If not institution, give street and number) Fox Chase Nursing Home	9c. COUNTY OF								
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		Silver Sprin							
DIRECTOR	Maryland Montgomery		ilver Spring			10d. INSIDE CITY LIMITS? 1 YES 2 ANO				
FUNERAL	100. STREET AND NUMBER 2109 Bucknell Terrace		101. ZIP CODE 20	902	10g. CITIZEN OF USA	WHAT COUNTRY?				
₽	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES GIVE WAR OR O.	2 NO	13. WAS DECENOENT OF HI If yes, specify Cuban, M 1 YES 2X NO S	SPANIC ORIGIN? (Specify Yearloan, Puerto Rican, etc.) pecify:	a or No— 14. RAC Blac Spe	CE — American Indian, ck, White, etc. city: White				
ETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use	ISUAL OCCUPATION ork done during most of working retired.)	16b. KINO OF BU	ISINESS/INDUSTRY					
once.	8 17. FATHER'S NAME (First, Middle, Lesi)	Homemake		S NAME (First, Middle, Malder	s Sumama)					
£ 0	Giovanni Morrone		Mari		urante					
BE BE	19e, INFORMANT'S NAME (Type/Print)	10h MAII ING /	ADDRESS (Street and Number or F							
를 2	Leslie Klein		ordeaux Lane,			ina 27511				
ust be	20s. METHOD OF DISPOSITION 1 Burisl 2 Cremetton 3 Removal from State	PLACE AND DATE OF	F DISPOSITION (Name of	OATE 20c. LC	OCATION — City or T	Town, State				
E	4 □ Donation 5 □ Other (Specify) □ Ce	emetery o	f the Holy Na	ne 7/5/94 Jersey City, New Jerse						
examin	Mary Cole	AL HOME, SIL. S	INC. P., MD 20901							
or other traumatic event, the medical examiner must be notified at ERTIFICATION TO BE (23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List drily one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) A Cotto pulmany Arrest									
tic ever	DUE TO (OR AS A		1491							
trauma	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
ry, or other traumatic	CAUSE (Disease or injury that initiated events reaulting in death) LAST oue to (or as a consequence of): A 17 he :									
L C	PART il. Other algnificant conditions contributing to death b	out not resulting in	tha undarlying cause give	n in Part i. 24a, WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS				
ws any injury, IEDICAL CE	(AD: Argue Die			PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
SICIAN: MET										
or Item 23 YSICIAN	EXAMINER? Y HOSPITAL:		28. PLACE OF GEATI							
0 >	1 1 1 1 1 1 1 1 1 1	28b. TIME	RY WORK?	28d. DESCRIBE HOW	INJURY OCCURED					
28 is marked, TED BY PH	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY building, etc. (Spec	cny)	_ ~							
ANT: If item 2	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the basis of examination	rledge, death occurred				(a) and manner as stated.				
PORT	29b. SIGNATURE AND LITTLE OF GESTIFIER		29c. LICENSE	NUMBER 77729	29d. DATE SIGNE	D (Month, Day, Year)				
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	D1 97101)	esville R	1 SS, N	47060				
	31. DATE FILED (Month, Day, Year) 32. RECHITTRAN'S SIGN 31. DATE FILED (Month, Day, Year) 32. RECHITTRAN'S SIGN 31. DATE FILED (Month, Day, Year)									

800 .

AND 21215-0020	
MARYLAND	
BALTIMORE,	
4	
OX 68760,	
O. BO	
S, P.	
RECORD	

DIVISION OF VITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flow of the float. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 STATE

_	REGISTRAR		CE	RIIFIC	ATE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle MIRIAM	MORELAND	<	CHESTON			2. DATE OF DEATH MONTH DAY JUNE 23 1994			TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-82-0053	5. SEX 6.	AGE (In yrs. last I	In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Year) NONTHS DAYS HOURS MIN. APRIT. 29				915	Country)	ACE (State or Foreign NGTON, D.C.
	9a. FACILITY NAME (if not institution, give street and number)				L CITY, TOWN	OR LOCATION OF DI			TY OF DEA	
FUNERAL DIRECTOR	Holy Cross Hospital				Silver	Spring		Mont	tgome	ry
REC	1000	COUNTY			OWN OR LOCAT				1	0d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Montgomery		Silv	er Spr					YES 2 NO
RA	10219 Southmoo	r Drivo			101	20901		10g. CITI		AT COUNTRY?
Ž	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARM	ED	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yea	or No—	USA 14. RACE -	- American Indian, White, atc.
B	1 Naver Married 2 Marrie 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	OR DATES			ecify Cuben, Maxica 2 X NO Specifi	n, Puerto Rican, etc.)		Specify: Whi	
	15, DECEDEN (Specify only higher	T'S EDUCATION est grade completed)	(Give	kind of work	UAL OCCUPATION	ON st of working	18b. KIND OF BUS	INESS/IND	USTRY	
ا <u>د</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		Oo NOT use re						
COMPLETED	17, FATHER'S NAME (First, Middle, I		Ноп	emake	r	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumamal		
BE C	Pau1	Moreland				Mabel		igt		
6 6	19a. INFORMANT'S NAME (Type/Pri		19b.	MAILING AD	DRESS (Street a		Route Number, City or Town		Code)	
-	Kathleen C. Yo	ung					d Brookev			
	20a. METHOD OF DISPOSITION 1 Burlal 2X Cremation 3 4 Donation 5 Other (Speci		20b. PLACE AN cemetery, crem.	D DATE OF D	place)	me of	/24/94 Ale	CATION —	City or Town	o, State
1	21. BIGNATURE OF TUNBAL BET		Metrop	olita	22. NAME A	atory b	/24/94 Ale	xandr	ria,V	irginia
	Mah	I Cal	lleli				lins Funer y Blvd.,W.		_	
8						Pert I. 24a. WAS AN PERFOR	Ia. WAS AN AUTOPSY PERFORMED? YES 2 NO OF DEATH? 1 YES 2 1 NO OF DEATH?			
Sic	EXAMINER?	HOSPITAL:	NOutpatient 3		THER:		8 ☐ Other (Specify)			
ву рну	27. MANNER OF DEATH 1 Natural 5 Pendii			28b. TIME O	F 28c. INJ		28d. DESCRIBE HOW II	NJURY OCC	CURED	
	2 Accident investigation 28s PLACE OF INTERNAL AND ADDRESS OF THE PROPERTY OF							te Number,		
COMPLETED		G PHYSICIAN: To the best of my								
	296 GENANTURE AND TITLE OF C	EXAMINER: On the basis of exam	mation and/or im	valigation, i	or my opinion, d					
IO BE	30. NAME AND ADDRESS OF PERS	1 Dong	OF DEATH (ITEM	342 / 27) (Type Pri	ME).	29c. LICENSE NUM	/2/			3-94
	George F. Sen	-			a driv	e Wheat	on, MD 209	906		
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S				micat	20.	, , ,		
	The state of the s	-								

3. TIME OF DEATH

YEAR

2. DATE OF DEATH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

_
,
\sim
9
œ
68760,
~
ВОХ
0
m
o
0
-
Ρ.
RECORDS, I
S
0
œ
\simeq
0
ш
~
_
/ITAL
-
~
\vdash
=
Contract of the Contract of th
P.O
$\overline{}$
\circ
_
~
0
\simeq
CO
>
DIVISION

Elizabeth 6:30 A M Curry 1994 June 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 579-58-3899 1 M 2 TF YRS. 90 27,1 June 903 Maaine use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Fernwood Nursing Home Bethesda Montgomery RESIDENCE OF DECEDER 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland 1 X YES 2 | NO Montgomery Bethesda FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE log. CITIZEN OF WHAT COUNTRY? U.S.A. 6530 Democracy Boulevard 20034 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED t3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 YES 2X NO Specify: В Specify: White 3 🕅 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) detached for Elementary/Secondary (0-12) College (1-4 or 5+) own home housewife 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Darlington Johnson 7 page 5 should be Elsie Bradford BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Harriet B.Curry 4000 Cathedral Ave., NW Washington DC 20016 pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must director, p cemetery, cremetory or other piece; Metropolitan Crematory 6-19-94 Alexandria.Va examiner 21. SIGNATURE OF FUHERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY the funeral DeVol Funeral Home 2222 Wisc.Ave., NW Washington, DC medical 1. Enter the diseases, or complications that coused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, filled in by **Approximate** ahock, or heart feilure. List only one cause on each line. intarvai Between 0 **IMMEDIATE CAUSE (Final** Onset and Death THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 247 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, event, the disease or condition_ Sepsis resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Decubitus ulcer COMPLETION OF CAUSE t TYES 2 NO Shows 1 TYES 2 TNO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: the > e 5 🗆 Rasidenca 8 🗆 Other (Specify) **%**XNursing H 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? marked, 26d, DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 28 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29a. CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER, BE (29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) auch 7048 DC June 18,1994 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) C.Mulhauser, M.D. 3052 Garrison Street, N.W. Washington, DC 20016 DATE FILED (Month, Day, Year)
IUN 2 7 1994 P32 REGIOTRAR'S SIGNATURE LANGUE DAY OSON - Mandalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

0
9/
∞
9
×
BO
-
0
ď
100
S
2
ORC
S
ш
R
⋖
>
OF
O
Z
0
S
5
<u></u>
_

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 1130 JUNE ERESA 0 ARQUIN PM 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs, lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAVS HOURS 1 M 2 F N/A 61 Jan.16,1933 Nicaragua Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Shady Grove Adventist Hospital Rockville Montgomery 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 4727 Arbutus Avenue 20853 Nicaragua the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 🔀 Married 1 TYES 2 NO Specify. BY Specify: 3 Widowed 4 Divorced Nicaraguan White 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high 늡 Ď Elamentary/Secondary (0-12) College (1-4 or 5+) COMPLI 12 should be detached Owner/Operator Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ᇴ retained by Horacio Sevilla Dolores H Sandova1 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Orlando Jarquin 1208 Duvall Lane #104 Gaithersburg, Maryland 20877 death. Page 6 may be be 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) must funeral director, Gate of Heaven Cemetery 6/30/94Silver Spring, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funeral Home, Inc. la filled in by the fillen, or removal. 500 University Blvd.,W. Sil.Spr.,MD 20901 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, **Approximate** ahock, or haart failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Finel Onset and Daath signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, the disease or condition resulting in death) INTERO-LATERAL MOCARdial INTERCTION VIE event. with traumatic CERTIFICATION Sequentieily list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART ii. Other aignificent conditions contributing to daeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL Hypertension, Dinbetes AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TYES 2 NO requires RENAL INSUfficiency shows 1 YES 2 NO been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: has b Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate ha Item EXAMINER? OTHER:
4 □ Nursing Homa 5 □ Realdenca 6 □ Other (Specify) PHYSICIAN: 1 | Inpatient 2 | ER/Outpetient 3 | DOA 10 27/MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT this c 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending М 1 YES 2 NO DIRECTOR: After the hours after death BY Investigation 2 Accident DR ATTENDING 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be COMPLETED 28 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end pleca, and due to the cause(a) and menner as stated. HOSPITAL FUNERAL I within 72 h = Z MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITY
TO THE FUNERA
De filed within 7
IMPORTANT: I 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE 6/26/94 D26443 2 CAUSE OF DEATH (ITEM 27) (Type, Print) y GROVE RD, ROCKVILLE, And Fisher GREGOR 32. REGISTRAR'S SIGNATURE
Julia Davidson Pandelle 31. DATE FILED (Month, Day, Year) 0 1994 3

.1

DHMH-18 Rev 1/89

21215-0020	attending physician.
$\overline{\Sigma}$	8
IARYLAND 2	hospital
P	2
7	8
MAR	retained 1
	è
TIMORE	may
0	9
Σ	Page
BALT	death.
œ	after

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE ON STREETING PROPERTY. The last securing the death and death confidence by managing within the form of the security of the	ALD A RECENTIVE THE LAW REQUIRES LIAK LIFE LOGALI LETURGATE DE EXECUTED WHITHIN 24 HOURS AIRT DEATH. PAGE DE TRIANDED DY THE HOSPITAL OF ATTRIPTION OF ATTRIPTION OF THE HOSPITAL OF ATTRIPTION.	AL LIMECTOM: ATTER THIS CENTINCATE HAS been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
OCH CHOCKETTE OF STREET	THE HUSPITAL OR ALLENDING	U INE FUNERAL DINECTUR: Affer mis	be filed within 72 hours after death with t	MPORTANT: If Item 28 is marked	

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, La	st)			OATE		DEA		2. DATE OF D				3. TIME OF DEATH
3	Joyce O'Neil Da	vis							June	DA		YEAR	11:30am M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	HTRE	77	a. BIRTH	PLACE (State or Foreign
1 2	139-20-2135	1 🗆 M 2 🔯 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.		27	Countr	y Jersey
	9a. FACILITY NAME (If not institution, gir	re street and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DEA		1, 13	9c. COUN		
E E	Anne Arundel Med	ical Cente	r			apol:							undel
DIRECTOR	RESIDENCE OF DECEDENT										Anne	AL	under
뿐	10e. STATE 10b. COU	NTY				OR LOCATI							10d. INSIDE CITY LIMITS?
		ne		Was	ning	ton,							1 X YES 2 NO
PAI N	10e. STREET AND NUMBER						ZIP CODE				10g. CITI2	EN OF W	VHAT COUNTRY?
FUNERAL	4442 Garrison S						2001					S.A	•
5	11. MARITAL STATUS 1 Never Married 2 Married		YES 2 X	MED 10					C ORIGIN? (Se		or No-	14. RACE Black	- American Indian, c, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 K NO	Specify:				Speci	White
	15. DECEDENT'S E	DUCATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	N		165 KIM	ID OF BUS	INESS/IND	ISTRY	WILLE
COMPLETED	(Specify only highest gr Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(G	ive kind of v Do NOT us	vork done			g				201111	
릴	12			emak	er				own	hom	e		
ON I	17. FATHER'S NAME (First, Middle, Lust)						16. MOTH	ER'S NAM	E (First, Middle	e, Maiden	Sumame)		
ш	Arthur B. O'Nei	.1					Be	rtha	Freas				
10 B	19a. INFORMANT'S NAME (Type/Print)		194	b. MAILINO	ADDRESS	(Street er			oute Number, C		n, State, Zip	Code)	-
F	Julie Conrad		1	212 7	Thoma	as Po	oint	Cour	rt, An	napo	lis,	MD :	21403
	20a. METHOD OF DISPOSITION 132 Burlal 2 Cremation 3 R	emovel from State	20b. PLACE	AND DATE (OF DISPOS	ITION (Nar	ne of		OATE	20c. LO	CATION - C	ity or To	wn, State
	4 Donation 5 Other (Specify)		Gate	of H	eave	n Cer	nete:	ry 6/	/8/94	Sil:	ver S	pri	ng, MD
	-21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	7 0 1						De			al l	Home
	Michael	med -(diline	ay	G.	U Eas aith	st De ersb	eer E urg,	Park D MD 20	rive 877			
	23. PART i. Enter the diseases, of shock, or heart failure	or complications that	caused the de	ath. Do n	ot enter	the mod	le of dyi	ng, such	as cardiac	or respir	ratory arre	est,	Approximate
1	IMMEDIATE CAUSE (Final												Interval Between Onset and Death
	disease or condition resulting in death)	STROK	E										4 days
		CHRONIC	(OR AS A CONSE	DUENCE OF	7): 77777	DITT	4037.4	-					- uays
S S	Sequentially list conditions,	P CITYOTAT C	OR AS A CONSE	0011	.VE	PULI	ANOP	KY I	DISEA	SE			5 years+
A	if any, leading to immediate cause. Enter UNDERLYING	PERIPH	ERAL V	ASCII	TΔR	DIG	SEAS	E'					-
윤	CAUSE (Disease or injury that initiated events		(OR AS A CONSEC			DI	LAS	L.			-		5 years
CERTIFICATION	resulting in death) LAST	d											
2	PART II Other significant condit		allia e se esta								No College		
18	PART II. Other aignificant condit	MOHTH	death but not r	esulting i	n the un	iderlying	cause g	iven in P	Part i. 24a	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	BILATERAL A		KNEE	A M D I I	TAT:	TON			_ 10	YES X	ON D		COMPLETION OF CAUSE OF DEATH?
		DOVE THE	KMEE /	AFIFU	IAI.	LON			_				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T				00 84	105.05.05	EATH ON					
[[[EXAMINER?	HOSPITAL:	EDIO-41-41-4		OTHER	₹:			ck only one)				
ĬŽ	27. MANNER OF DEATH	28e. DATE OF		28b. TIM	-	28c. INJU			28d. DESCRIE		LILIBY OCC	IIDEN	
	1 Natural 5 Pending	(Month, De			URY	WOF	ES 2		Zod. DEGOTHE	SE HOW III	400H1 000	ONED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not	28e. PLACE DI	F INJURY — At ho	me, farm, s	treet, fact			-	28f, LOCATIO	N (Street e	nd Number	or Rural R	loute Number
☐ 4 Homicide determined determined													
빌	200. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of	my knowledge, de	ath occurre	d at the t	Ime date	and place	and due to	to the councie	and man	000 00 0100	4	
COMPLET) end manner ee stated.
ш	29b. SIGNATURE AND TUTLE OF CERTIF	TIER /	1	217			29c, LICE	NSE NUME	BER		29d, DATE	SIGNEO	(Month, Day, Year)
10 B	Have	151	lenfel		17	2	כטע	Τ ጋ છ			> 0	6/0)5/94
	30. NAME AND ADDRESS OF PERSON Harvey J. Stei		131. Sha			e Rd	. ,	Shad	ly Sic	de,	MD	207	64
	31. DATE FILED (Month, Day, Year)												

DHMH-16 Rev 1/89

STATE REGISTRAR

1

	ı
	•
-	
2	
9	
~	
68	
BOX	
0	
\simeq	
œ	
P.0	
o.	
-	
S	
~	
=	
O	
RECORDS,	
iii	
~	
-	
⋖	
-	
_	
>	
OF VITAL	
~	
$\mathbf{\circ}$	
7	
=	
DIVISION	
76	
97	
>	
=	
Ω	

1. DECEDENT'S NAME (First, Middle, Last) Santa R. DiSilvestizione of DEATH 3. TIME OF DEATH 815 anta 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 577-09-7098 Washington, DC 1 AM 2 F 78 May 27, 1916 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH Brooke Grove Nursing Home 01ney DIRECTOR Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 NO FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15316 Pine Orchard Dr, #2-D 20906 USA 24 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. WAS DECEDENT EVEN IN U.S. ATTINCT
FORCES? 1 YES 2 NO
IF YES, GIVE WAR OR DATES WWII BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 - YES 2 1 NO Specify BY 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Washington 100 ndary (0-12) College (1-4 or 5+) Superintendent detached Postal Service once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname Raffaela DiSilvestri Concetta Strapelli 2 Ti BE notified director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 0 Albert DiSilvestri 5316 Pine Orchard Rd #2-D. Silver Spring. MD 20906 2 20g, METHOD OF DISPOSITION 1 Ø Burial 2 Cremation 3 R 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 4 Donation 5 Other (Specify) Heaven Cemetery June Silver Spring, MD THE AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home examiner 21. SIGNATURE OF FUNERAL SERVICE LICE funeral 11800 New Hampshire Ave, Silver Spring, MD n by the fremoval. medicai PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. filled in by Approximata Interval Betwe ö **IMMEDIATE CAUSE (Final Onset and Death** this certificate has been signed by the attending physician and completely filler with the State Dept. of Health and Mental Hygiene prior to burial, cremation, event, the disease or condition netastasis within resulting in death) DUE TO (OR AS A CONSEQUENCE OF) executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING 200 law requires that the death certificate CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO any COMPLETION OF CAUSE 1 TYES 2 NO shows : 1 - YES 2 (NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The Ttem. HOSPITAL: OTHER 1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: 1 | Inpatient 2 | ER/Outpatient 3 | DOA e 5 🗆 Residence 6 🗆 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 5 Pending Investigation 1 Netural 1 YES 2 NO death DIRECTOR: After thours after death BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide ltem. 29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL I = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE DE-CENTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 25-9 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 156F 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE whia Savidson-Randall JUN 2 1994 ρ

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

94	- 3	2/	/	-0	Z	J
CI	P					

		REGISTRAR				CERTIF	-ICAT	E OF	DEAL	TH		REG. NO.					
		1. DECEDENT'S NAME (First, REATHA	Middle, Last)								2. DATE OF MONTH	DEATH	r	YEAR 3	3. TIME OF	DEATH	
			70	B.				DAV.			JUNI		199		10:0		Рм
		4. SOCIAL SECURITY NUMB		5. SEX 1 ☐ M 2 🏋 F		(In yrs. last birthday)	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE OF (Month, L	Day, Year)		Country)			
pla		302-14-7621			68	YRS.						2-1925			Virg	inia	L
3 should	ac	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH															
.23	стов	GARRETT (COUNT	Y MEMOR	TAL	HOSPIT	DAL_		QA	KLA	ND		GAI	RRET	T		
Pages 1	낊	10e. STATE	10b. COUNTY	1		10c. CI	TY, TOWN	OR LOCAT	TION					1	10d. INSIDE		
28	DIRE	W.Va.	Pr	eston			7	erra	a Alt	a				1	LIMITS?		
permit.	A	10e. STREET AND NUMBER							. ZIP CODE				10g. CITIZ		IAT COUNTR		
. ts	FUNERAL	HC 83	2 Box	52					267	64			1	USA			
DEN physician. burial-transit	5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	IT EVER IN	N U.S. ARMED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN?	Specify Yea		14. BACE -	- American	Indian,	
	BY F	1 Never Married 2 🔀 3 Widowed 4 Divo		IF YES, GIVE W					ecify Cuba 2 ZCNO		n, Puerto Ric	an, etc.)		Specify:	White, etc.	t-a	
attending se as the															AA117	UE .	
	COMPLETED	(Specify only	y highest grade	completed)		16a. OECEDENT'S (Give kind of life. Do NOT a	work done	during mo	ON ist of workin	g	16b. K	IND OF BUS	INESS/INDU	JSTRY			
the hospital or detached for u	12	Elementary/Secondary (0-	-12)	College (1-4 or 5 d		License		atio	1 N	liare.		haved a	~ 40	~~~			
he hospit detached once.	NO.	17. FATHER'S NAME (First, Mi	liddle. Last)			DICCIISC	J FIG	COL	·		ME (First, Mid	Jursin		iles			
क दिन	E C(, , ,	Jearl E	mery	Pigott			10. mo		ther I		,				
	00	19a. INFORMANT'S NAME (7)	ivpe/Print)		1		G ADDRES	s (Street a	and Number		Route Number,			Carlel			_
63 63	5	Harry A. Da				Hc 82					Alta, W			0000)			
may be		20a. METHOD OF DISPOSITI				D. PLACE AND DATE				_	DATE		CATION — C	ity or Town	n, Stata		_
9 8 6		1 Buriel 2 X Crematio 4 Donation 5 Other		oval from State		metery, crematory or o			6-	26-1	1				W.Va		
Page rai dire		21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	1241	modu or	22.	NAME AN	ND AOORES	SS OF FAC	CILITY					•	
fund fund		►() 7th	in) L	1/1/2:	Al.	1					ght Fu						4
0 - 2 0		23. PART I. Enter the di	iseasea, or (complications the	a causer	d the deeth. Do	not enter	5 Hi	ighla	nd A	ve. I	erra	Alta	WV	-		_
filled in by th on, or remova		shock, or he	eart fallure. I	List only one cet	list only one ceuee on each line.								Interv	ximate al Betwe			
the the		IMMEDIATE CAUSE (Fin disease or condition	,el	M. 01			1								Onset	and Da	ath
ted with completely fille fal, cremation, event, the		resulting in death)	7	e. Mult	(OR AS A	CONSEQUENCE	OF):								+		
B 6 . 6	z			h.											Ì		
	RTIFICATION	Sequentially list condition if any, leading to immediate	diate	OUE TO	(OR AS A	CONSEQUENCE C	OF):						_		+		
ficate be physician ne prior t	<u>S</u>	cause, Enter UNDERLYII CAUSE (Disease or injur		c													
certifical nding phy Hygiene p	별	that initiated events resulting in death) LAST		DUE TO	(OR AS A	CONSEQUENCE C	OF):										
- 5 5 - U	CER	resoning in sealing in the		d											-		
들 을 을 을 줄		PART II. Other algnifice	nt condition	e contributing to	deeth b	ut not resulting	in the u	nderlying	g ceuse g	lven in	Pert I. 2	4a. WAS AN			VERE AUTOP		GS
2 = 22 =	EDICA										ľ	PERFOR		C	WAILABLE PROMPLETION		E
s eath s	MED										_ '	1100	□ NO		F DEATH?	□ NO	
has been bept. of h		DID TOBACCO	O USE (CONTRIBUTE	E TO	CAUSE O	F DEA	TH Y	ES 🖂	NO	X				*	L 1.15	
PHYSICIAN: The law requiring this certificate has been significate has been significate that the state Dept. of Hirked, or Item 23 show	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	- T					26. PL			eck only one)						
SICIAN: The certificate the State	rsic	YES 2 □ NO		HOSPITAL:	XER/Outp	outlent 3 🗆 DOA	4 Nu		6 5 🗆 Re	sidenca	6 Other (S	Specify)					
PHYSICI this cer with th	РНУ	27. MANNER OF DEATH		26a. DATE OF (Month, D	Day Year!	26b. TII	ME OF	28c. INJ	URY AT		28d. DESCE	RIBE HOW IN					
DING PHYS After this death with	ВУ		Pending Investigation	6-24	1-94	4 8:3	30 PM	t 🗌 1	YES 2	NO D	Aut	o He	cide	NT			
N A P S	ED		Could not be determined	26a. PLACE O building,	F INJURY atc. (Spec	State	street, fac		•		City or	ON (Street a Town, State)		or Rural Rou	ute Number,	5 5	
DR ATTE DIRECTOR hours afte	画		Manual Avenue			STATE	Ro	Ad			STAI	E RO	U.IE 6	74. A	UROR	A.W	Va
보 라 =	AP.	Anel		ICIAN: To the best of													
TO THE HOSPITAL TO THE FUNERAL TO FILE WITHIN 72 PARTANT. IF	COMPL	2X XMEON	CAL EXAMINE	R: On the besis of a	xamination	n end/or investigat/	lon, In my	opinion, d	leath occur	ed at the	time, deta an	d place, and	dua to the	cause(a) s	and manner	an stated	1.
HE HE FE MAN ORT	шШ	296. SIGNATURE AND TITLE	OF CENTIFIER	3					29c. LICE	NSE NUM	IBER		29d. DATE	SIGNED (A	Month, Day, Y	rbar)	
TO THE HOSPIT TO THE FUNER De filed within IMPORTANT:	0 8	ronald	tru	might.					0.	C.M	.E.		JI	JNE	25,	199	4
	-	30. NAME AND ADDRESS OF			SE OF DEA	ATH (ITEM 27) (Typ	e, Print)										
		DONALD G		GHT MID		111 Per	nn S	tre	et.	Bal	timo	ce. N	lary	land	212	01	
	3	31. DATE FILED (Month, Day, 1		32. REGISTRA		IATURE											
1°	_	JON &	7 1994	4 States of	Bearte	or Roll of											

#16L. 99

The state of the s

E

VISION OF VITAL RECORDS, I	
VIVISION OF VITAL RECORDS, P.O. BO	92
VIVISION OF VITAL RECORDS, P.	0
VIVISION OF VITAL RECORD	۳.
VIVISION OF VITAL RECO	0
VIVISION OF VITAL	RECO
IVISION OF	
IVISIO	_ \
IVISIO	Ö
	IVISIO

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and co with the State Dept. of Health and Mental Hydiene prior to burial	llem 28 is marked, or llem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
IE HOSPITAL OR ATTENDING PHY	THE FUNERAL DIRECTOR: After this filed within 72 hours after death with	PORTANT: If Item 28 is marked

	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT (MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	- 1		0. 52/	2. DATE OF DEATH	,.	3. TIME OF DEATH		
	Churchill &	isenhart			MONTH C	9 L	7 3P M		
		5. SEX 8. AGE (In yrs. last			7. DATE OF BIRTH	8. E	BIRTHPLACE (State or Foreign		
	215-38-3590	1)2M2 OF 81	YRS. MONTHS D	MYS HOURS MIN.	(Month, Day, Year) 3/11//3		ew York		
	Se. FACILITY NAME (If not institution, give street	et end number)	96. CITY, TO	OWN OR LOCATION OF D		9c. COUNTY			
O. H	0 10000	HOOP	Ot	tresda	mo	mo	XIT		
DUBURBAN HOSP RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. CITY, TOWN OR LOCATION Maryland Montgomery Kensington									
E							10d. INSIDE CITY LIMITS?		
	Maryland Montg	onery	Kensingto	On 101, ZIP CODE		I so- OITITEN	1 YES 2 NO		
R	9629 Elrod Road								
FUNERAL		12. WAS DECEDENT EVER IN U.S. ARM	WED 13. WA	20895 S DECENDENT OF HISPA	NIC ORIGIN? (Specify Ve		ed States RACE — American Indian.		
	1 Never Merried 2 X Merried	FORCES? 1 YES 2 No. 1F YES, GIVE WAR OR DATES	O If y	es, specify Cuben, Mexic YES 2X NO Speci	en, Puerto Rican, etc.)		Black, White, etc.		
ВУ	3 Widowed 4 Divorced		'``	the age in a special	·y.		White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co		CEDENT'S USUAL OCCU		Mationa	SINESS/INOUST	tute of		
	Elementary/Secondary (0-12)	College (1-4 or 5+) Mat	Do NOT use retired.)				Technology		
MP.		5+ Sta	atistician				recimorogy		
8	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Meider	,			
BE	Luther Pfahler Ei				andridge M				
임				treet end Number or Rural					
	Mildred Behrens Ei	sennart	629 Elrod	Road, Ken	sington, M				
	1 Buriel 2 Cremation 3 Remove	al from State cemetery, crem	natory or other place	ON (Name of 6/26/	94 OATE 20c. L	CATION — City			
	SIGNATURE OF FUNERAL SERVICE LICEN			matorium,			Maryland		
	Michael 8.	XLOGINS M	100846 755	e/Bethesda 7 Wisconsi hesda, Mar	-Chevy Cha	se; Inc	phrey Funeral		
	23. PART /. Enter the dissesses, or constant fellows 1 in	mplications that coused the des	sth. Do not enter th	e mode of dying, suc	ch as cardiec or resp	iratory errest,	Approximate		
	IMMEDIATE CAUSE (Final	at only one babse on each line.		-		1	Interval Between Onset and Death		
	disease or condition resulting in death)	molastatic a	adder	Carcivow	va to the	luva	6 MD		
		DUE TO (OR AS A CONSEO	UENCE (OF):	1 1	10 , 11	J			
Z	Sequentially list conditions, b.	caranoma	of pla	dder			3412		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEO	UENCE OF):				V		
길	CAUSE (Disesse or injury	DUE TO (OR AS A CONSEO	HENCE OF						
	thet initieted events resulting in death) LAST	DUE TO (OR AS A CONSEC	GENCE OF):				i		
B	d.								
A	PART II. Other significant conditions	contributing to deeth but not re	suiting in the unde	rlying cause given in		AUTOPSY RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
					1 _ YES	This is a	COMPLETION OF CAUSE OF DEATH?		
MEDIC							1 TES 2 NO		
ä	DID TOBACCO USE CO	ONTRIBUTE TO CAUS	E OF DEATH	YES NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C)	heck only one)				
1SI	~/	Inpetient 2 - ER/Outpetient 3	□ DOA 4 □ Nursing	Home 5 - Residence	8 Other (Specify)				
F	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28	c. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCURE	D		
ВУ	Natural 5 Pending 2 Accident Investigation		М	1 YES 2 NO					
ED 1	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At hon building, etc. (Specify)	ne, farm, street, factory	, office	281. LOCATION (Street City or Town, State	and Number or R	ural Route Number,		
ETE	4 Homicide determined				,				
립		AN: To the beat of my knowledge, dea	th occurred at the time	, date end place, end du	e to the cause(s) end ma	nner as stated.			
COMPL	2 MEDICAL EXAMINER:	On the beele of examination end/or in	westigation, in my opin	ion, death occured at the	time, date end plece, e	nd due to the ce	use(e) end menner ee stated,		
	SOF BIOLEVERING VILLE OF CERTIFIED	MMD A LIC		29c. LICENSE NU	MBER	29d. DATE SIG	GNEO (Month, Day, Year)		
38 C	- CHEMINDAN	M (July		D2123	5)	► JUV	1 26,1994		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM	1 27) (Type, Print)			3007			
	G. Peter Pushkas,	M.D., 11510 01	d Georget	own Road, 1	Rockville.	Marvla	nd 20852-2736		
	31. DATE FILED (Month, Day, Your QQA	32 RECISTRAR'S SIGNATURES JUNE DOUGLOST-ROM	de BR			7 - 4			
	9911 0 1 1004	Jan Harrings and Mari							

c1

-	
0	
CV	
Ö	
\circ	
0	
S	- 3
47	
2121	
0.1	-
6.4	
_	
Ò.	
0.4	
9	S
=	
Z	
A	•
⋖	
- 7	
_	
3YL	
Œ	
-	
AM	
-	
955	- 1
- 6	
ш	
_	
Œ	
MOR	
()	- 4
\simeq	1
-5	- 1
-	- 0
BALTIN	
-	4
	- 13
-	- 19
-Q	7
BAL	
ш	- 1
	3
	- 1
	- 3
-	. 1
	Annual Character of the last
-	
-	
-	4
09	-1
9	;
_	3
Legen	- 1
80	1
68	i
9	
×	No. or or other
×	
	- 1

DIVISION OF VITAL RECORDS, P.O. BO

SALIMONE, MANTLAND SIZIS-0020	AND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician.	he hospital or attending physician.
TO THE FUNEAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	once.

	1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPARTM CERTIFIC			MENTAI	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Mid Kainer	ive A. Fr	elker			MONTH	OF DEATH		YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 398-18-2244 90. FACILITY NAME (If not institut	1 🗆 M 2 💢 F	GE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.			June 17,1925 Wi			Country)	
TOR	Holy Cross H			ilver		EAIR			tgome	
DIRECTOR		Montgomery	1.0	r Spri						DI. INSIDE CITY LIMITS? YES 23 NO
FUNERAL	106. STREET AND NUMBER 1135 Universi	ty Boulevard, V			20902				IN OF WHA	AT COUNTRY?
B	11. MARITAL STATUS 1 X Never Merried 2 Mer 3 Widowed 4 Olvorced	12. WAS DECEDENT EV FORCES? 1 1	ER IN U.S. ARMED YES 2X NO	If yee, sp	ENDENT OF HISPAN acity Cuben, Mexica 2 X NO Specify	in, Puerto F			4. RACE - Black, V Specify: White	Americen Indien, Vhite, etc.
COMPLETED	15. DECEDE (Specify only hig Elementary/Secondary (0-12)	NT'S EDUCATION thest grade completed) College (1-4 or 5 +)	18e. OECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo	N st of working	1	KIND OF BUS	INESS/INDU		
₩ B	17. FATHER'S NAME (First, Middle	4	Music Te	acher			eligio			
	Lloyd L. Fell				18. MOTHER'S NA					
B	19e. INFORMANT'S NAME (Type/I		19b. MAILING AO	ORESS (Street e	Marguer nd Number or Rural i			Kraus	ode)	
2	Paul J. O'Bo	yle	I .		79C Blu				,	22012
	20e. METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Donation 5 Donation		20b. PLACE AND DATE OF D cemetery, crematory or other Parklawn Ce	ISPOSITION (Na	me of	OATI	20c. LOC 94 ROC	CATION — CI		, State
	21. SIGNATURE OF FUNERAL SE	PRICE LICENSEE	20	Franc	is J. Co	ciuty 11ins	s Fune:	ral H	ome,	
CERTIFICATION	23. PART I. Enter the disee ehock, or heart ehock, or heart immediate cause (Finel diseee or condition reculting in desth) Sequentially list conditions if sny, lauding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):					retory srre	st,	Approximate interval Between Onset and Dasth
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying Hyperture Departure .					ing cause given in Part I. 24a. WAS / PERF		2 NO OF DE		ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
MAN	25. WAS CASE REFERRED TO MI			28. PL	ACE OF OEATH (Ch	eck only on	e)			
YSIC	1 YES 2 NO	HOSPITAL: 1 Dinpatient 2 ER		THER: Nursing Hom	5 Residence	6 - Other	r (Specify)			
H	27. MANNER OF OEATH 1 Netural 5 Pene	28e. OATE OF INJU (Month, Day, Ye		Wo	RK?	28d. OE\$	CRIBE HOW IN	JURY OCCU	RED	
ED BY	2 Accident Inver	stigation 28 PLACE OF IN	JURY — Al home, farm, atree (Specify)	M 1 1 1			ATION (Street e	nd Number of	Rural Rou	te Number,
COMPLETED	opol -	ING PHYSICIAN: To the best of my I								nd menner as stated
O BE CO	29b. SIGNATORE AND TITLE OF	CENTIFIER			29c. LICENSE NUM	MBER 891		29d. DATE :	SIGNED (M	onth, Day, Year)
-	A RAS	RSON WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type, Pril	nonal	LN#FE	9	Rock	ille	nel	20852
	JUN 3 0	1994 Julia Davy	don-Pandell							

ðlut á í í

-	
•	
_	
0	
9	
760	
∞	
9	
-	
\sim	
ВОХ	
m	
ш	
_*	
0	
Δ.	
m.	
S	
-	
0	
α	
0	
9	
O.	
RECOR	
~	
<u> </u>	
_	
TAL	
Q	
-	
_	
>	
ш.	
ō	
_	
7	
=	
VISION	
-	
U)	
=	
~	

		Hannah Fr	edland	2
		4. SOCIAL SECURITY NUMBER		GE (In
2		579-01-2637		89
should		90. FACILITY NAME (If not institution, give s	treet and number)	L
. 2. 3	FUNERAL DIRECTOR	MONTGOMERY G	eneral i	ta
020 physician. burlat-transit permit. Pages 1,		10e. STATE 10b. COUNTY	1	
28	늄	MARYLAND MONTO	COMERY	
E S	A L	10e. STREET AND NUMBER		
n. ansit	ű L	14514 HOMECREST I	ROAD, #LL15	
ysicia rital-tr		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y	
the pr		3 K Widowed 4 Divorced	IF YES, GIVE WAR O	R DA
ttendii	╗┠	15. OECEDENT'S EDU		T
2127 al or atti for use		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	\dashv
YLAND 21215-0020 by the hospital or attending physician be detached for use as the bunal-tra at once.	BE COMPLETED	12		
the hos detach	ġ S	17. FATHER'S NAME (First, Middle, Last)		
ad by 1		GOTTLIEB LIPI	PMAN	
BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending physic of in by the funeral director, page 5 should be detached for use as the burial or removal.	<u> </u>	190. INFORMANT'S NAME (Type/Print) JEROME FRIEDLANDI	ER (SON)	
y be y				001
S ma etor, p		20s. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b.
Page I dire		21. SIGNATURE OF FUNERAL SERVICE LIC		1417
BALTIMORE, ser death, Page 6 may be the funeral director, page val. il examiner must be		7	1/	4
BALT hours after death. ed in by the funera, or removal. medical exami	-	23. PART I. Enter the disesses, or o	omplications that one	
ours d in b or rer		shock, or heart failura.		
the figure		IMMEDIATE CAUSE (Final disesse or condition	Auste	ju.
with with pleter		resulting in death)	DUE TO (OR /	•
d com	z		Cardio	Sen
X O X O X O X O X O X O X O X O X O X O	일	Sequentially list conditions, if sny, lesding to immediate	DUE TO (OR A	S A
Date by sicility prior tra	<u>5</u>	CAUSE (Disesse or Injury	a Afther	50
oth oth		that initiated events resulting in death) LAST	DUE TO (OR A	IS A
attend rtal H	5		d	-
the d Wee	الإ	PART II. Other eignificant condition	s contributing to deet	h bu
any any	S	dialiers meld	cous ne	10
L RECORDS, P.O. BOX 68760 The requires that the death certificate be executed with the nours to be a signed by the attending physician and completely filled in ent. of Health and Mertal Hygiene prior to burial, cremation, or to 23 shows any Injury, or other traumatic event, the med	N: MEDICAL CERTIFICATION		/	_
. 0 .: "				
200	<u>₹</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	
F VITA SICIAN: The certificate hi the State C or Item	PHYSICI	1 TYES 2 NO	1 is impatient 2 FER/	Outpa
ING PHYSIC ther this ce eath with the marked,	표	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Ye	
Z 2 2 5 2 2		2 Accident Investigation		
2 4 8 4 1	6	a	00 01 100 00 111	
TENDING TOR: After After death Se is ma	ED BY	3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, etc. (
NATENDIN INRECTOR: Aft. ours after dea em 28 is m		3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Specif
DIVISION TITAL DR ATTENDIN TAL DIRECTOR: Att 72 hours after dea . If ilem 28 is m		3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only	building, etc. (Specia
HOSPITAL OR ATTENDING PHYSIC TURERAL ORECTOR: After this car within 72 hours after death with th	COMPLETED	3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my k	Specil
E HOSPITAL E FUNERAL d within 72 IRTANT: If	COMPLETED	3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only	CIAN: To the best of my k	Specia

	1 - FOR STATE REGISTRAR		STATE OF M			TMENT OF H		MENTAL HYGIE			
	1. DECEDENT'S NAME (First,	Middle, Lest)	edlan	der				2. DATE OF DEATH MONTH	DAY 24	94	3. TIME OF OEATH 0144Am
}	4. SOCIAL SECURITY NUMB 579-01-2637	ER	5. SEX 1	6. AGE (In yrs. 89		F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG. 1,	1904	8. BIRTHI Country RUSS	
TOR	96. FACILITY NAME (If not Institution, give street and number) MONTGOMERY GENERAL HOSPITAL OLNEY MONTGOMERY GENERAL HOSPITAL OLNEY MONTGOMERY GENERAL HOSPITAL									A .	
DIRECTOR	10e. STATE MARYLAND	MONTGO	OMERY			TOWN OR LOCATE					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
ERAL	100. STREET AND NUMBER 14514 HOMEC	REST RO	DAD, #LL	15		1	20906		- 7		TATES
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF IT IN Never Married 14. Never Married 2 Married 15. WAS DECENDENT OF IT IN Never Married 16. WAS DECENDENT OF IT IN Never Married 17. Never Married 2 Married 18. WAS DECEDENT EVER IN U.S. ARMED 19. WAS DECENDENT OF IT IN NEVER IN U.S. ARMED 19. WAS DECENDENT OF IT IN NEVER IN U.S. ARMED 19. WAS DECENDENT OF IT IN U.S. AR							ecify Cuban, Maxica	n, Puerlo Rican, etc.)	fea or No—	14. RACE Black Specifi	— American Indian, , Whita, etc. fy: WHITE
PLETED	15. OECI (Specify only Elementary/Secondary (0- 12	EDENT'S EDUCA highest grade co	TION ompleted) College (1-4 or 5 +	,	DECEDENT'S I (Give kind of w life. Do NOT use		ON st of working	16b. KIND OF 8	N HOME		
COMPL	17. FATHER'S NAME (First, MI	ddle, Last)	MAN				18. MOTHER'S NA	ME (First, Middle, Maid	en Sumame)		
TO BE	19a. INFORMANT'S NAME (7) JEROME FRIE	rpe/Print)					nd Number or Rural F	POTOMAC,	own, State, Zip	Code) 854	
	20a METHOD OF DISPOSITI	ON n 3 🗆 Remov		20b. PLA	CE AND DATEO		HOLOM COI	NG DATE 20c.	OCATION —	City or To	
	4 Donation 5 Other 21. SIGNATURE OF FUNERAL		NSEE / /	NAII	UNAL C	DANZA	NSKY-GOLI	CILITY	ORIAL	СНАР	CHTS, MD PELS, INC. MD 20852
RTIFICATION	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disesse or condition resulting in death) Sequentially list condition if sny, lesding to immediate. Enter UNDERLYI CAUSE (Disesse or injustification initiated events resulting in death) LAS'	e.	DUE TO Affre	coused the ea on each I	SEQUENCE OF	ial work	farchiv		epiratory arr	eat,	Approximate Interval Between Onset and Death Mrs
MEDICAL CE	PART II. Other eignifica	nt conditions	contributing to		t resulting in	-	g ceuse given in		AN AUTOPSY ORMED? 2 M NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 WHO		HOSPITAL:			OTHER: 4 - Nursing Hon		8 Other (Specify)			
BY PH											
ETED	4 Homicide	Could not be determined	building,	etc. (Specify)	nome, term, s	treet, tactory, offic		28t. LOCATION (Stre- City or Town, Sta		or Rural R	loute Number,
COMPLETED	onel _							to the cause(a) and n time, data and place,) and manner as steted.
H H	29b. SIGNATURE AND TITLE	OF CERTIFIER	win	d n	n		29c UCENSE NUM	1791	29d, DAT	SIGNED	(Mghith, Day, Yber)
0	1040(PERSON WHO	completed cause	E OF DEATHT	TEM 27) (Type,	BeTL	enda v	m) 20	8 14	/	T
	31. DATE FILED (Month, Day,	1994	30 REGISTRA	R'S SIGNATUR	andelle	-		*			

, S

The second process of the

2:

_ v

BALTIMORE, MARYLAND 21215-0020

•	
(88760	
9	
~	
00	
9	
-	
\sim	
0	
m	
BOX	
P.0	
α,	
-	
S	
$\ddot{\sim}$	
_	
Œ	
\circ	
RECORDS,	
O	
ш	
~	
_	
OF VITAL	
d	
_	
=	
$\overline{}$	
щ	
$\mathbf{\mathcal{C}}$	
~	
=	
0	
S	
DIVISION OF	
=	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIEN			ν	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY	V540	3. TIME OF DEAT	Н
	MAUDE		REDER	ICKS	DN	6 2		YEAR 44	6:10	P, M
	4. SOCIAL SECURITY NUMBER		00	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTN Country	PLACE (State or Fo	reign
	085-38-7133 Se. FACILITY NAME (If not institution, give s	1 🗆 M 2 💢 F			222.01	100=1 -	903		York	
œ	Medlantic Manor /				R LOCATION OF DE		9c. COUN	ty of DI		
2	RESIDENCE OF DECEDENT	Layiiii		21146	er Spring	-	MOIT	cyoni	ет у	-
DIRECTOR	10a. STATE 10b. COUNTY			TOWN OR LOCAT					10d. INSIDE CITY LIMITS?	
L D	Maryland Monto	gomery	Gai	thersbu					1 YES 2 X	NO
FUNERAL	8201 Goodhurst Di	nivo		101	ZIP CODE	882			C+ c+ cc	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC		OOC VIC ORIGIN? (Specify Yes			States - American India	in.
ВУ Е	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		Il yes, sp	cify Cuban, Maxica	n, Puarto Rican, atc.)		Specific	, White, atc.	,
									White	
1	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mo	ON st of working	16b. KIND OF BU	SINESS/IND	JSTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homem			Own	Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden				
BE C	William Henry /	Anderson			Josep	hine Wrig	ht			
TO E	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Route Number, City or Tow	n, State, Zip	Code)		
	George M. Freder:			e as 10						
	20e/METHOD OF DISPOSITION 1	ovel from State C6	ob. PLACE AND DATE OF metery, cremetory or other INELAWN M	DISPOSITION (Na er place)	me of	1	CATION — C			
	21. SIGNATURE OF FUNERAL SERVICE LIC		THETAMI M		D ADDRESS OF FA	6-30 Pin	етами	, NE	W TOPK	
	· Ellen y	W. Ka,	pp	Rapp 933 G	Funeral ist Aven	Services, ue, Silver	P. A. Spri	na.	MD 2091	0
N	IMMEDIATE CAUSE (Final disesse or condition resulting in death)	Complications that cause List Dnly one cause Dn	A CONSEQUENCE OF	t enter the mo	of dying, suc		iratory arre	est,	Approximatintarval Be Onset and 2 Uses	etween
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL	PART II. Other significant condition	ceps				Part I. 24e. WAS AN PERFO!	RMED?	24b.	WERE AUTOPSY FIR AWAILABLE PRIOR '-GOMPLETION OF COMPLETION AUSE	
Ž.	DID TOBACCO USE C	ONIKIBUTE TO	CAUSE OF	DEATH Y	ES NO					
ic.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;	- Iv	26. PL	ACE OF DEATH (Ch	eck only one)				
448	1 YES 2 NO	1 Inpatient 2 ER/Ou 26s. DATE OF INJURY	tpatient 3 DOA	Nursing Hom		6 Other (Specify) 26d. DESCRIBE HOW I	AL ILLIAN CASA	UDEC.		
	1 Natural 5 Pending	(Month, Day, Year)		RY WO	RK?	260. DESCHIBE HOW I	NJUHY OCC	OHED		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJUF	IY — At home, lerm, atr			261. LOCATION (Street		or Rural R	oute Number,	
TED	4 Nomicide determined	building, atc. (Sp.	өспу)			City or Town, State)				
COMPLET		CIAN: To the best of my kno							and menner ea st	ated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	4			29c. LICENSE NUI	3000	29d. DATE		(Month, Day, Year)	
BE	////	1 (NO		11400	=7	16	127	194	
٤	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	PEATN (ITEM 27) (Type, F	Print)	<i>y</i> , , , , ,	20 0	ney			
			C		- 11	(Sd. 0)		1611	1, 208	7 ~

_
-6
0
6876
-
00
0
BOX
0
U
\mathbf{m}
_
~
P.0
- "
а.
m
~
RD
RECO
()
9
ш
CC
\perp
\overline{a}
TAI
-
_
>
4
\circ
O
7
=
0
_
S
_
>
_
_

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	MANAGEMENT 1 form 30 to mention on a farmer on address descended accounting to the second of the sec
ING PHY	After this	feath with	-
TENDI	TOR: A	after d	20 6
JR AT	MRECI	DUITS 3	-
TAL	FUNERAL DI	72 H	10 10.
OSPI	JNER.	ithin	1817
¥	E FU	M DE	ATTO
Ē	픋	file	2

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF				D MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest) SARAH F	EDER					2. DATE OF DEATH	2 (94	3. TIME OF DEATH 5:55 PM
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HE	s. 7. DATE OF BIRTH	$\overline{}$	a. BIRTHE	PLACE (State or Foreign
	116-38-6598	1 🗆 M 2 💢 F	90 YRS.	MONTHS	DAYS	HOURS MI	(Month, Day, Year) 11–28–03		Country	SSIA
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY,	TOWN O	R LOCATION O			NTY OF DE	
DIRECTOR	HEBREW HOME OF G	REATER WASHI	NGTON	RO	CKVI	LLE		МО	NTGO	MERY
M M	10a. STATE 10b. COUNT	Υ	10c. Cf1	TY, TOWN O	R LOCATI	ON				10d. INSIDE CITY
		NTGOMERY		RO	CKVI					LIMITS?
FUNERAL	100. STREET AND NUMBER 6105 MONTROSE ROA	AD			.101,	20852				STATES
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES		H	i yes, spe	ENDENT OF HIS city Cubern, Me 2 XNO Sc	PANIC ORIGIN? (Specify Ye kican, Puerto Rican, etc.) ecify:	s or No-	14. RACE Black, Specify	— American Indian, , White, etc.
	15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDENT'S				18b. KIND OF BU	SINESS/IND	DUSTRY	
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done d	luring mos	t of working				
COMPLET	12		HOME	MAKER			OWN H	OME		
ш	17. FATHER'S NAME (First, Middle, Linst) DANIEL BERG						NAME (First, Middle, Maiden NNIE BRAVER			
TO B	19a. INFORMANT'S NAME (Type/Print) MYRA NELSON (D.	AUGHTER)	9428	ADDRESS CHATT	(Street and EROY	PLACE	ral Route Number, City or Tov	URG,	Code) MD	20879
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State C6	b. PLACE AND DATE	other placa)				EENS.		vn, State YORK
li	21. SIGHATURE OF FUNERAL SERVING LI		YION TIB	22. N	NAME AN	ADDRESS OF	FACILITY			
	ajayace						LDBERG MEMO			
	23. PART L Enter the disesses, or	complications that cause	ed the death. Do	not enter	the mod	le of dving	LE PIKE, RO	CKVII	وظباد	
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on	each line.	not emer	the moo	e or dying,	such as cardiac or resp	matory sm	est,	Approximats interval Between Onset and Death
	disease or condition resulting in death)	STROK								CHRONIC
		DUE TO (OR AS	A CONSEQUENCE O	OF):						
RTIFICATION	Sequentially list conditions,	b. DUE TO (OR AS	A CONSEQUENCE O	PFI:						
ķ	if sny, leading to immediate cause. Enter UNDERLYING									İ
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	H):						
EAT	resulting in death) LAST	d								
O	PART II. Other significant condition	no contribution to doubt	had and annulation	1 . 45	25 A 11					
18										WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO
MEDICAL	1-4 POTHYROID	isorder	PHCILATE 1	INSCU	CYTH	C 139	1 TYES	≥ (NO		COMPLETION OF CAUSE OF DEATH?
Σ	Seizure D	SOICUER								1 YES 2 10
AN	25. WAS CASE REFERRED TO MEDICAL	T		-	20 DI 0	OF OF BEATU	(2)			
100	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	tnetlest 3 - DO4	ОТНЕЯ	:	1946	(Check only one)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, Tib		28c. INJU	RY AT	ce 8 Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED	
ВУ Р	1 Netural 5 Pending	(Month, Day, Year)	IN.	JURY	WOR	IK? ES 2 NO				
00	2 Accident Investigation									

1 Hatural 2 Accident	5 Pending Investigation	(Month, Day, Year)	INJURY M	1 YES	2 NO	no el itire
3 Suicide	8 Could not be	28s. PLACE OF INJURY — At hor building, etc. (Specify)	ne, farm, street, fac	tory, office		28f. LOCATION (Street and Number or Rural R City or Town, State)

296. SAGNATURE AND TITLE OF CERTIFIER Waldaraus MM	29c. LICENSE NUMBER 039166	29d. DATE SIGNED (Month, Day, Year)
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OLATH (ITEM 27) (Type, Print)	DAG PA: PORKIN	us Mn 20er

994 July Daydson-Rindall BIZI PLOMITICALE ICD. 31. DATE FILED (Month, Day, Year)

51. -- -

1.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

												91	+ 2	0820
An	nended #20b FOR 1 - STATE REGISTRAR	6/3	STATE OF	MRT, MC	ntge DEPAF	omer TMENT	OF H	oun EALTH	AND I	MENTA		E		
	1. DECEDENT'S NAME (First	Middle, Last)	c.	Fro	m	6/11	2	DEAL	~	2. BATE	REG. NO.	./9	7921	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME 078-16-9490		5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont	OF BIRTH (h, Dev. Year)	5	Country	PLACE (State or Foreign York
	Se. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY,	TOWN C	R LOCATION	ON OF DE				NTY OF DE	ATN
E I	7051 Carro		enue			Tak	oma	Par	k			Mo	ontgo	mery
DIRECTOR	10a. STATE	10b. COUNT	Υ	-	10c. CIT	Y, TOWN OF	LOCAT	ION						10d. INSIDE CITY
	Maryland	Mo	ontgomery		Ta:	koma	Par	k					>	LIMITS?
RAL	10e. STREET AND NUMBER	11 7					101	ZIP CODE				_		HAT COUNTRY?
NE I	Too. Street and Number 7051 Carroll Avenue 100. Street and Number 7051 Carroll Avenue 20912 11. Marital Status 12. Was Decedent ever in U.S. Armed Forces? 1 VES 2A-4NO 13. Was Decembert of hispanic origin? (Specify Yes or No- 14. Rack Processes of No- 14. Rack Processes													
	I I make medited T medited									— American Indian, White, atc.				
ВУ	3XXWidowed 4 🗆 Divo	rced	11 105, 0172	WAN ON DATES		_ '	_ TES	XX) NO	Specify				Specify	White
ETED	(Specify only	EDENT'S EDU y highest grade	CATION completed)	16a. DE	CEDENT'S	Work done do	CUPATIO	ON st of workin	ng	161	. KIND OF BUS	INESS/INI	DUSTRY	
Ӹ	Elementery/Secondary (6	1-12)	College (1-4 or 5	1) _		so retired.) / Worl					Priva	a the control		
COMPL	6 Years 17. FATNER'S NAME (First, M	iddle, Last)		Tac	-001	MOLI	rer	18. MOTH	NER'S NAI	ME (First,	Middle, Meiden			
BE C	Joseph J	ulianc)					Ann	nemar	cie	Casile			
0	190. INFORMANT'S NAME (7) Kim C. M			196				nd Number	or Rural F	Route Num	ber, City or Town	, State, Zij		
	20a. METNOD OF DISPOSIT			100 000	_				Bel		ille, N	-		
	XXBurlal 2 Crematic	n 3 🗆 Rem	oval from State	20b. PLACE/ cemetery, cre	matory or o	ther place)				DAT	70		City or Tow	50° 6174
	21. SIGNATURE OF FUNERA		E)VSEE	1 Georg	ie wa	22. N	AME AN	ID ADDRES	SS OF FAC	YTLIK				1phi. Md.
	Broke	N.t	Day	wolt		440	00 F	owde	r Mi	11 1	dt Fune Rd. Bel	ltsvi	11e.	, P.A. Md. 20705
	23. PART I. Enter the d shock, or h	iseasea, or o eart fallure.	complications the List only one cau	t caused the de use on each line	ath. Do i	not enter t	he mo	de of dyl	ng, such	aa car	diac or reapli	ratory ar	rest,	Approximate Interval Between
	iMMEDIATE CAUSE (Fin disease or condition	nai .	Les porte	2001	2./		21	11.2		de	11200	Min a	1.1	Onset and Death
	resulting in death)	~ //	DUE TO	(OR AS A CONCE	WENCE O	mi l	100	w	1	NI	WIZ	100	47	-
Z	Compositely list condition								UU-					
CATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY	diate	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
FIC	CAUSE (Disease or inju		c	(OR AS A CONSEC	DUENCE O	F);								-
ERTI	resulting in death) LAS	т	d											
၂ပ၂	PART II. Other significa	nt condition	ns contributing to	death but not r	eaulting	In the unc	lerivino	cause o	iven in	Part I.	24s. WAS AN	ALITOPSY	24h	WERE AUTOPSY FINDINGS
MEDICAL											PERFOR	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
MED											1 723 2	E NO		OF DEATH? 1 YES 2 NO
	DID TOBACCO	O USE	CONTRIBUTI	TO CAU	SE OF	DEAT	H Y	ES 🗌	NO	X				
SICIAN:	25. WAS CASE REFERRED TO EXAMINED?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ick only o	ne)			
PHYS	1 JACS 2 NO		1 Inpatient 2		DOA 26b, TIN	4 - Nursi			sidence					
	1 Netural 5	Pending	(Month, E			JURY M		RK?	NO	28d. DE	SCRIBE HOW IN	JURY OC	CURED	
р Ву	2 Culate	Investigation Could not be	26a. PLACE C	F INJURY — At ho	me, ferm,	etreet, facto					CATION (Street a	nd Numbe	r or Rural Ro	oute Number,
TED		determined	bullaing,	etc. (Specify)						City	or Town, State)			
IPLE		IFYING PHYS	ICIAN: To the best of	my knowledge, de	ath occurr	ed at the tin	ne, deta	and place,	end dua	to the ca	use(e) end men	ner se ata	ted.	
COMPLET			R: On the beals of s	xamination and/or i	investigatio	on, in my op	Inion, d	eath occur	ed at the	time, dete	and place, and	d due to ti	he cause(s)	and manner as stated.
BE (296. SIGNATURE AND TITLE	or german	0.	-ma	,			21/2 100	INSE NUM	DER .				(Month, Day, Year)
10	SON SAME AND ADDRESS OF	PRINCIPLE	O COMPLETED CALL	SE OF DEATH (ITES	# 27) (7 ₅₀ m	, Pringle	_9	Des.	12	50		JUI	ne 2	6/14/4

03/3

2	١
687	
œ	
9	
BOX	
0	
0	
m	
P.0.	1
0	
٠.	
0	
ments.	
- 91	
S	
0	
~	
-	
0	
-	
RECORDS	
111	
-	
<u> </u>	
OF VITAL	
est.	
>	
ш.	
0	
\circ	
-	
6	
0	
0	
DIVISION	
>	
-	
0	
_	

sician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completent med in by the funeral director, page 5 should be detached for use as the burial-transit per		
dur's after death. Page 6 may be retained by the hospital or attending physician.	as the bur		
or at	or use		
hospita	ached		69
by the	be det		at on
tained	pinous		ANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
De rei	age 5		be no
5 may	ctor, p		must
. Fage	ral dire		iner r
death	e fune	-	ехаш
Irs affei	n by th	remova	edicai
9	Nied P	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he m
	THE PERSON	emat	nt, 1
M Del	СОПР	al, cr	eve
execu	and	o buri	natic
90	siclan	orior 1	trau
rtificat	ng phy	jene i	ther
ath ce	ttendir	tal Hy	1, or
the de	the a	d Men	injun
s that	d ben	ith an	any
ednire	en sig	of Mea	hows
3W	as be	Dept.	23 8
N: The	icate !	State	item
SICIA	certif	h the	d, or
IG PH	ter this	ath wil	narke
ENDIN	DR: Af	ter de	8 8
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	MRECT	Durs al	ет 2
TAL	RAL D	72 hc	11 11
40SP	UNE	vithin	ANT

	1. DECEDENT'S NAME (First, Middle, Lest) MARSHA	LL J.		ERTIF					2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
H	4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. I	est birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	28.1	994	s. BIRTI	3:30 P
	577-12-7820	12 M 2 □ F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	NOV.		18	WASH	HINGTON. D
- 11	9a. FACILITY NAME (If not institution, give et 3221 F.	ARMINGTON	DRIVE				CHA	ON OF DE			9c. COU	MON'I	DEATH
- 10-	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD	MONT.		10c, CIT	ry, town o		TION CHASE						10d. INSIDE CITY LIMITS? 1 YES 2 NO
	100. STREET AND NUMBER 3221 FARMINGTO	N DRIVE				101	zip cob	0815				S.A	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1. IF YES, OIVE WAR	EVER IN U.S. A YES 2 OR DATES	ARMEO NO		If yes, sp		n, Maxica	IIC ORIGIN? (n, Puerio Ric			14. RAC	E — American Indian, k, Whita, etc.
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION	- Sh	Give kind of the Do NOT u	work done ise retired.)	during mo	st of working	g	16b. K	IND OF BUS	INESS/INC	DUSTRY	
L		+4	V	ICE F	PRESI	DENT		18	AER	OSPAC	E IN	DUSI	RY
	17. FATHER'S NAME (First, Middle, Last) CLYDE DAVIS GARRI	ETT							ME (First, Mid VERDA		,		
111	19a. INFORMANT'S NAME (Type/Print)								CHAS				
H	CLYDE D. GARRET I		20b. PLACE	EANDDATE	OF DISPO	SITION (No	_	11211	OATE	1			own, State
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNETIAL SERVICE LC	ovel from State	20b. PLACE cometery, c ROCK	EANDDATE crematory or of CREEK	OF DISPOSOTHER PLACE	SITION (Ne) (ETER NAME AN	Y ND ADDRE	ss of fa	7/1 CHLITY JOS WASH	WASH GAWI	INGT LERS N,D.	ON, SON	D.C. S INC.
	20a. METHOD OF DISPOSITION TO Buriel 2 Cremation 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG 23. PART 1. Enter the diseases, or c shock, or heart failure. It IMMEDIATE CAUSE (Finei disease or condition resulting in death)	ovel from State	20b. PLACE cometery, or ROCK	EANDDATE CREEK CREEK Codeath. Do ne.	OF DISPO	SITION (Ne	Y ND ADDRE	E NW	7/1 CILITY JOS WASH	WASH GAWI	INGT LERS N,D.	ON, SON	D.C. S INC.
	20a. METHOD OF DISPOSITION TO Buriel 2 Cremation 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG 23. PART 1. Enter the diseases, or c shock, or heart failure. It IMMEDIATE CAUSE (Finei disease or condition resulting in death)	ovel from State CAR DUE TO (0)	20b. PLACE cometery, or ROCK	EANDDATE rematory or or CREEK death. Do ne. P CEOUENCE C	of DISPO: other place) CEM 22. 51 not enter	SITION (Ne	Y ND ADDRE	E NW	7/1 CILITY JOS WASH	WASH GAWI	INGT LERS N,D.	ON, SON	D.C. S INC. 0016 Approximata interval Between
	20a. METHOD OF DISPOSITION TO Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC 23. PART 7. Enter the diseases, or c shock, or heart fallure. It is in the disease of condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ovel from State CAR DUE TO (0) DUE TO (0) DUE TO (0)	20b. PLACE cometery, or ROCK 200.95 Desired that contains a consideration of the contains a consideration of the contains and a consideration of the contains a consideration of the contains a consideration of the contains a consideration of the contains a contai	EANDDATE rematory or or CREEK CO CREEK CO CREEK CO CREEK CO CREEK CO CREEK CO CREEK CRE	of Disposition place of the pla	SITION (Ne) IETER NAME AT 30 W The mo	VY ND ADDRE	E NW	OATE 7/1 CILITY JOS WASH has cordia	WASH GAWI	AUTOPSY MED?	City or To CON, SON; C. 2 reat,	D.C. S INC. 0016 Approximata interval Between
	20a. METHOD OF DISPOSITION TO Buriel 2 Cremation 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG 23. PART 1. Enter the diseases, or c shock, or heart failure. It immediates are condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other eignificent conditions.	ovel from State CAR DUE TO (0) DUE TO (0) DUE TO (0)	20b. PLACE cometery, or ROCK ROCK	EANDDATE rematory or a CREEK C	of Disposition of the place of	SITION/Ne TETER NAME AT 30 W The mo Sits Inderlying 26. Pt	TI AV Co g cause	E NW	Part I. 2	20c. LOC WASH GAWI INGTO C or resplit	AUTOPSY MED?	City or To CON, SON; C. 2 reat,	D.C. SINC. 20016 Approximate interval Betw. Onset and De
	20a. METHOD OF DISPOSITION TO Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LG 23. PART 7. Enter the diseases, or c shock, or heart failure. It immediates or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other eignificent conditions.	ovel from State Omplications that clist only one cause a. CAR DUE TO (0) DUE TO (0) DUE TO (0) A. CAR DUE TO (0) DUE TO (0) A. CAR DUE TO (0) DUE TO (0) A. CAR DUE TO (0) DUE TO (0) A. CAR DUE TO (0)	20b. PLACE cometery, or ROCK ROCK	EANDDATE PROMISED OF THE PROMI	OF DISPOSOCIONE PIACE DE LA CONTROL DE LA CO	SITION/Ne JETER NAME AT 30 W The mo Scis	TI AV VALUE OF DIAMETER ACE O	E NW Ing, such	Part 1. 2	20c. LOC WASH GAWI INGTO C or resplit	AUTOPSY MED?	City or To ON, SON: C. 2 reat,	D.C. SINC. 20016 Approximate interval Betw. Onset and De

TO THE H TO THE FI be filed w FC B(BULLUT)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10 320 REGISTRAR'S SIGNATURE
JUNIO DEVIDENT MENDELL 31. DATE FILED (Month, Day, Year)
JUN 3 0 1994

DHMH-16 Rev 1/89

E, MARYLAND 21215-0020	
BALTIMOR	
BOX 68760.	
S, P.O.	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	G :				2. DATE OF DEAT	Н	3.	TIME OF DEATH	
	Merris	Greenberg				MONTH DAY YEAR 6:			5:30 P.M.	
	4. SOCIAL SECURITY NUMBER		1.00	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Ye		BIRTHPL/ Country)	NCE (State or Foreign	
	099-01-4013	1 M 2 □ F 90) YAS.			7-26-190		Rus		
E	9e. FACILITY NAME (If not institution, give :				OR LOCATION OF DE	EATH	9c. COUNTY	OF DEAT	Н	
DIRECTOR	Hebrew Home Of Gr	eater Washin	gton R	ockvil	le		Mont	gome	ry	
H	10e. STATE 10b. COUNT	Y	10c. CITY, T	OWN OR LOCAT	TION			10	d. INSIDE CITY LIMITS?	
	Md. Montg	omery	Rocky	ille				14	YES 2 NO	
AF	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZE	N OF WHA	T COUNTRY?	
FUNERAL	6121 Montrose rd.	12. WAS DECEDENT EVER I			0852		US			
	1 Never Married 2 Merried	FORCES? 1 TYES	2 NO	If yes, sp	ecify Cuben, Mexica 2 72-NO Specific	n, Puerto Rican, etc	y Yee or No — 14	Black, W	American Indian, hite, etc.	
B	3 🔀 Widowed 4 🗌 Divorced	3 M Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES A 1 □ YES 2 🖟 NO				у:		Specify:	White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	done during ma	ON ast of working	16b. KIND OI	F BUSINESS/INOUS	TRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	etired.)						
M	17. FATHER'S NAME (First, Middle, Lest)		Printer				ing Com	oany		
						ME (First, Middle, Mi	•			
BE	19e. INFORMANT'S NAME (Type/Print)	Λ.	19b. MAILING AD	ORESS (Street e	Oldida C	Gittel Sa				
임	Joseph Greenber	g	5802 Ni	cholsor	n Lane, A	Apt. 704,	Rockvi	lle,	4d. 20852	
	20a-METHOD OF DISPOSITION 1 \(\times \text{Burlel} \) 2 \(\text{Cremetion} \) 3 \(\text{Rem} \) Rem	oval from State	D. PLACE AND DATE OF Conetary, crematory or other		ama of	DATE 20	c. LOCATION — CIT	LOCATION — City or Town, State		
3	4 Donation 5 Other (Specify)	Jı	idean Memo	rial Ga			Olney, Mo	d.		
	21. SIGNATURE OF PUNERAL SERVICE LI	CENSEE			of Address of FA)irection	2		
	Josef	Rosen		1091	Rockvill	le Pike,	Rockvil:	le, N	1d. 20852	
	23. PART I. Enter the diseases, or shoot, or heart failure.	complications that cause List only one cause on a	d tha death. Do not ach lina.	antar tha mo	de of dying, suc	h as cardiac or i	respiratory arres	t,	Approximate interval Between	
1 1	iMMEDIATE CAUSE (Final disease or condition			L D.					Onset and Death	
1 1	disease or condition a. Covuncy Heart Disease The Due to (or as a consequence of):							Tehn		
,	- Arthur I is								Tehrs	
2	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury									
발	that initiated events resulting in death) LAST	DUE TO (OR AS /	CONSEQUENCE OF):							
CERTIFICATION	d									
AL							RE AUTOPSY FINDINGS			
20	[A THE SET NO		COMPLETION OF CAUSE OF DEATH?	
W Deneutic						,	1 _ YES 2 _ NO			
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 28 PLACE OF REATH (Charle cold contribute)									
Sici	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch					
H	27. MANNER OF DEATH	1 - Inputient 2 - ER/Out	28b. TIME O		ury AT		OW INJURY OCCU	RED		
	1 Natural 5 Pending	(Month, Day, Year)	PULNI	Y WO	YES 2 NO					
D BY	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At home, lerm, street, fectory, office				28I. LOCATION (Street and Number or Rural Route Number,				
TED	4 Homicide determined building, etc. (Specify) City or Yown, Stete)									
COMPLET	29e. CERTIFIER (Check only one) 1. CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2. MEDICAL EXAMINER: On the beat of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.									
	29b. SIGNATURE AND TITLE OF CERTIFIE									
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. 1/93					Z S	ontn, Day, Year) — S			
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	int)	-				′/	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Sidhey J- Cohen, MI) 121 Congressional Lane, Richiller MO 26452									
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	IATURE		•	/				
1 1	UIII Z 9 1394 June Dandon-Randoll.									

3. TIME OF DEATH

DHMH-16 Rev 1/89

REG. NO

2. DATE OF OEATH

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

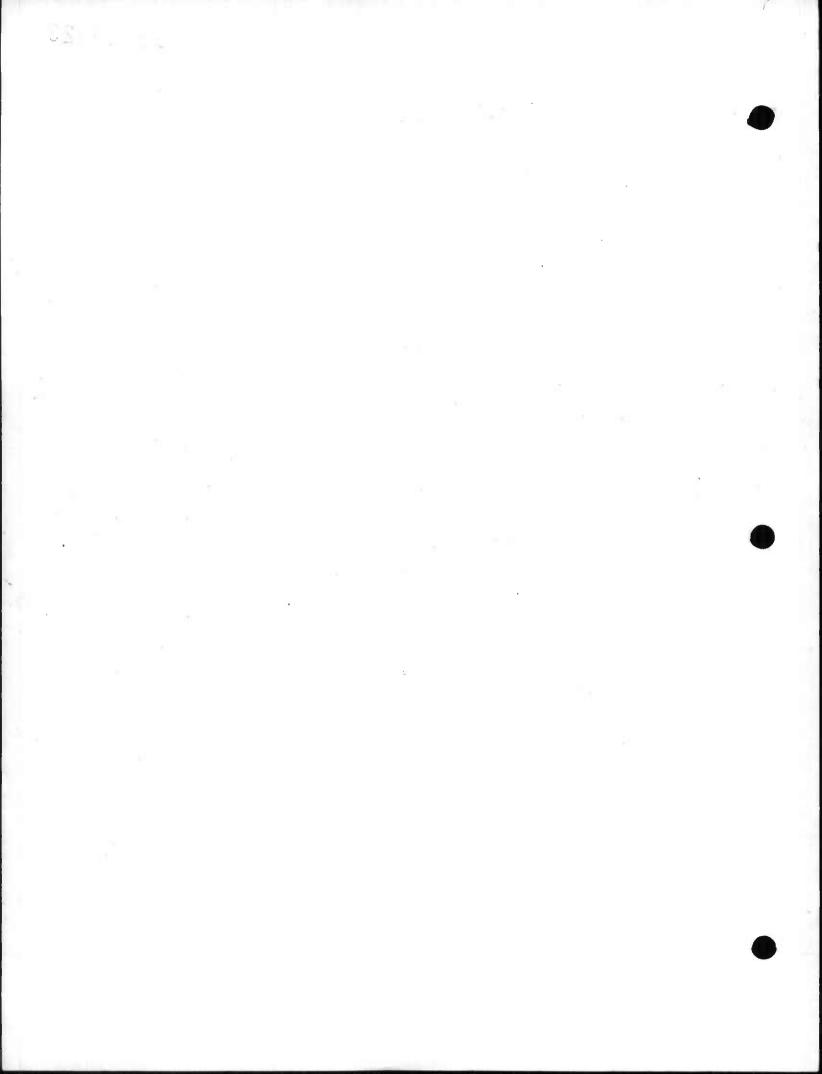
Mildred

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

GIBNE AM DAY /F YEAR MILDRED 12:55 94 TUNE 7. DATE OF BIRTH (Month, Day, Year) Oct. 27, 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 300-07-4964 1 M 2 XF 79 1914 Ohio Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Kensinaton Montgomery 1 TES 2 X NO permit. FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 11124 Stillwater Avenue 20895 United States retained by the hospital or attending physician. 12. WAS OECEDENT EVER IN U.S. **RMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuben, Maxican, Puerto Rican, etc.)
 T YES 2 NO Specify: 14. RACE --- American Indian, Black, Whita, atc. 1 Never Married 2 Married BY 3 Wildowed 4 Divorced White ETED. 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig funeral director, page 5 should be detached for Elamentary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Homemaker Own Home 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Ħ L. William Bostwick Rertie Rav notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Same as 10 Gretchen Gibney after death. Page 6 may be pe 20a. METHOD OF OISPOSITION
1 N Burlal 2 Cremation 3 Ramoval from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata must b DATE Mansfield Memorial Park 6-29 Mansfield, 4 ☐ Donation 5 ☐ Other (Specify) Ohio examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910 and completely filled in by the burial, cremation, or removal. medicai 23. PART i. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory strest, Approximata shock, or heart fallura. List only one cause on each line Intarval Batwean IMMEDIATE CAUSE (Final Onset and Death the RESTIVATOR disease or condition _____ (ailore event, ASPIVATE PSermals traumatic CERTIFICATION Sequentially list conditions, 9 DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate death certificate be signed by the attending physician Health and Mental Hygiene prior to Col-H cause. Entar UNDERLYING Hominal CAUSE (Disease Dr Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? requires that the MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? апу 1 TES 2 100 shows : 1 TES 2 NO t, of h PHYSICIAN: has b Dept. MP 23 25. WAS CASE REFERRED TO MEDICAL OR ATTENDING PHYSICIAN: The 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL:
1 Surportient 2 - ER/Outpatient 3 - DOA OTHER 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO this c with t marked, INJURY 1 Accident М 1 YES 2 NO В After Investigation 28a. PLACE OF INJURY — At home, farm, streat, factory, offica building, atc. (Specify) 3 Suicida 28t. LOCATION (Street and Number or Rural Route Number, City or Town State) 69 8 Could not be DIRECTOR: A 4 Homicida 28 COMPLET 29a. CERTIFIER 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. HOSPITAL (FUNERAL D WITHIN 72 h = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 11 296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RD 31. DATE FILED (Month, Day, Year)
IIIN 2. 8 1994 BOCCIA 32 REGISTRAR'S SIGNATURE Pulia Davidson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Gibney



_	
OI	
MARYLAND 2121	
$\overline{}$	
\sim	
_	
7	
and the same	
1	
4	
1	
_	
>	
000	
ш.	
-	
4	
-	
-	
-	
IMORE,	
=	
ш.	
=	
\mathbf{c}	
=	
5	
-	
-	
-	
BALT	
_	
	١
	ı
#h	
0	
9	
376	

DIVISION OF VITAL RECORDS DO

10

BA	9	-	ě
Ď	fter	the Board	(0)
	60	P =	ě
_	9	- 5	E
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after de-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
5	量	tely	1,
2	M	oper	ue/
3	ted	com iaf.	6
õ	- CO	PE	atic
<	8	E 0	E
)	e D	Sicia	2
מ	icati	phy a	6
j	ertif	Dien	음
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	5	Hy	10
	deat	afte	ž
2	Pe	Me	큳
ř	31	a de	y h
5	=	per #	90
ږ	Jires	Sign	WS
2	regu	of o	Sho i
1	A.	S D	3
₹	92	20	1 2
	F	cate	ē
>	X	he di	6
-	YSIC	S Ce	Ď,
_	F	E X	P.
ξ	NG	fter	E
ב	9	4 5	-69
2	Ë	E #	28
>	S.	P.E.C	E
2	07	2	=
	K	N N	=
	8	SE	3
	EH	E 3	E
	E	五	8
	2	23	Ξ

BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within a riter death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
OF VITAL RECORDS, P.O. BOX 68760,	HYSICIAN: The law requires that the death certificate be executed within	is certificate has been signed by the attending physician and completely filled in by the funeral with the State Dept. of Health and Mental Hygiene prior to burial, cremation, o'r removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	THE TOTAL OF PERIOD				2. DATE OF DEATH 3. TIME OF DEATH				
	EUGENIA		GRIMM		J	une 29,	1994	YEAR	2:15	P.M
DIRECTOR				F UNDER 1 YEAR IF UNI		DATE OF BIRTH (Month, Day, Year)	1	. BIRTHPL Country)	ACE (State or For	eign
	ZZ1-14-7017	1 M 2 X F 70	YRS.		A	oril 22, 19	1924 Delaware			
	9a. FACILITY NAME (If not institution, give stree		9		TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
	9330 West Parkhill Drive Bet			Bethesda			Mont	gomer	ry	
) H	10a. STATE 10b. COUNTY							1	0d. INSIDE CITY	
	Maryland Montgomery Beth			hesda	esda			1	X YES 2	10
₹	0e. STREET AND NUMBER				101. ZIP CODE				AT COUNTRY?	
FUNERAL	9330 West Parkhil				20814				States	
	1 Never Married 2 Merried	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, specify Cu	ben, Maxican, Pr	ORIGIN? (Specify Yea uerto Rican, etc.)	Black, White, etc.			n,
A	3 NVIdowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES 2 XN	O Specify:		Specify: White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col	FION moletedi	18a. OECEDENT'S US	SUAL OCCUPATION is done during most of wo	diaa	16b. KIND OF BUS	INESS/INDU			
191	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	retired.)	inny					
₹	12		House Wi			Own Ho				
	17. FATHER'S NAME (First, Middle, Last)	Kielbasa				(First, Middle, Maiden	Sumame)	Look		
BE	19a. INFORMANT'S NAME (Type/Print)	KIEIDasa	19b. MAILING A	OORESS (Street and Num	osephin		o Chata 7to C	Lech	1	
유	Ralph Grimm, Jr.	(Son)		afern Way				,000		
	20a, METHOD OF DISPOSITION 1 Durini 2 XOremation 3 Remove	20b.	PLACE AND DATE OF	DISPOSITION (Name of		OATE 20c. LOG	CATION — CI	ty or Town	ı, Stata	\neg
	4 Donation 5 Other (Specify)	Ba	Linore—Was	hington Crem	ratory	7-1 Lau	rel,	MD		
	21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAPP FUNERAL SERVICES, P.A.									
	MOUTE 933 Gist Ave., Silver Spring, MD 20910									
	23. Last I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
1 1	IMMEDIATE CAUSE (Final									
	disease or condition resulting in death) B. Cordia yiu Smorray on a 20 DUE TO (OR AS A CONSEQUENCE OF):									
	Sequentially list conditions b. McCastotic a Deno Corciniuma. Lieuth									
CERTIFICATION	Sequentially list conditions, If smy, leading to immediate b. McLastolic a Lano Cycun um a . Lucad DUE TO (OR AS A CONSEQUENCE OF):									
AT	cause. Enter UNDERLYING CAUSE (Disease or Injury									
	hat initiated events DUE TO (OR AS A CONSCOUENCE OF):									
E	resulting in death) LAST									
AL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
	June of lein sun. Le Mer have d'ame. Persence d'humanistana						MAILABLE PRIOR TO			
ME	0 F DEATH?									
z										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF	OEATH (Check of	only one)				
IXSI	1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpa	ntient 3 DOA 4	☐ Nursing Home 5 🖼						
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME (Y WORK?		d. DEŞCRIBE HOW II	NJURY OCCU	RED		
B	2 Accident Investigation 3 Suicide Could not be	rigation 1 YES 2 NO				28f. LOCATION (Street and Number or Flural Route Number.				\dashv
E	4 Homicide determined building, atc. (Specify) building, atc. (Specify) building, atc. (Specify)						No Promoti,	- 1		
1 1 1	29a. CERTIFIER 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								sted.	
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mont						Aonth, Day, Year)			
3 BE	June 2					9, 1994				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)									
	Barrett L. Burka, MD 4607 Connecticut Ave., NW Washington, D.C. 20008									
	31. DATE FILED (Month. Day Nor) J. BEGISTBAR'S SIGNATURE Fulsa Day'don Pendelle									
	J I 1007	J	Martine							

. .

.

2, 3 should

VDING PHYSICIAN: The law requires that the death certificate be executed within 2. frours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit narmin Pages 1	d Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
rours after death.	d in by the funera	or removal.	medical examin
ecuted within 2.	and completely filled	burial, cremation,	atic event, the
ath certificate be ex	tending physician a	al Hygiene prior to	or other traum
equires that the de-	en signed by the at	of Health and Ment	hows any Injury,
SICIAN: The law r	is certificate has be	h the State Dept.	d, or Item 23 s
R ATTENDING PHY	RECTOR: After this	urs after death with	m 28 is market
TO THE HOSPITAL OF	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with the State Dept. of Health and Me	IMPORTANT: If Ite

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH Lincoln L. Griffin 6-27-94 3:55 p. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) July 10, 1910 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR B. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 137-12-8674 1 3 M 2 F HOURS 81 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Edw. W. McCready Memorial Hospital Crisfield Somerset RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Samerset Crisfield 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 81 Somers Cove Apartments 21817 S. A. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 X Never Married 2 Married 1 YES 2X NO BY Specify 3 Widowed 4 Divorced Specify: Black COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) Unknown 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Hance Griffin, Sr. Dona Lane BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara Miles 310 Loust Street - Crisfield, MD 21817 20s. METHOD OF DISPOSITION
1 (XBurtal 2 □ Cremetton 3 □ Removel from State 20b. PLACE AND DATE OF DISPOSITION (Place of Came to any opposition, community or when place in MO VA Came to any opposition, community of MO VAILED OFFICE OF CAME TO A CAME TO DATE 28c. LOCATION — City or Town, State 4 (1) Donation 5- Other (Specify) Hurlook (Beulah), MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY usel Fooks Funeral Home, 917 W. Isabella St., Salisbury, Md 23. PART I/Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory erreet, Approximete ahock, or haart fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ and 10 tesperation resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditione, OUE TO (OR AS A COI if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificent conditione contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
N Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 TES 2 NO me 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 285 TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO Natural 5 Pending investigation м BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcida ETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide datarmined 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) (In m 15715 6.28.94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BURTON AVE MD 21817 WILLIAM GILL MD 344 CRISTIEND

31. DATE FILED (Month, Day, Year) JUN 3 0 1994

32. REGISTRAR'S SIGNATURE alia Davidson Randall

DHMH-16 Rev 1/89

23002

AND SERVICE AND SE

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

9

30. NAME AND ADDRESS OF

Page 6 may be retained by the hospital or after death THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremating Hem TO THE HOSPITAL
TO THE FUNERAL
De filed within 72 h
IMPORTANT: If I

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH монтн б 94 Christine Horvath 4:30 AM 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign JAN. 15, 1912 MARYLAND 84 MONTHS DAYS HOURS 1 - M 2XXF 219-05-4820 YRS. 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MONTGOMERY NATIONAL LUTHERAN HOME ROCKVILLE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MD. BALTIMORE 1 X YES 2 | NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 115- EAST MELROSE 21212 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Maxican, Puerto Rican, etc.)

1 □ YES 2 N NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY Specify: WHITE **X** Widowed 4 □ Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY dary (0-12) College (1-4 or 5 +) 12 HOMEMAKER AT HOME 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 1 WILLIAM E. FOX MARY BOWMAN H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
9701- VEIRS DRIVE., ROCKVILLE, MD. 20850 9 REV.DR. REICHARD 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Mariet 2 Cremetion 3 Removal from State DULANEY VALLEY MEM. 6/20 ☐ Donation 8 ☐ Other (Specify) _ TIMONIUM, MD. 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY HYSONG CO., INC. 1300- N ST., NW, WASH., DC 23. PART I. Enter the diseases, or complicate shock, or heart failure. List only caused tha death. Do not entar the mode of dying, such as cardiec or reapiratory arrest, Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition enocaremona resulting in death) DUE TO (OR AS A CONSEQUENCE OF) hrom Obstone 15 eas 0 CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF). resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: Family hoslas 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
XXNursing Home 5 Residence 6 Other (Specify) 1 YES 2 XNO flant 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO ВҰ 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 8 Could not be determined COMPLETED 4 🔲 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, 29c. LICENSE NUMBER in 0-

9701- CHURCH ST., DAMASCUS, MD. DR. SCHEMM-JUL 0 1 1994 22 REGISTRAR'S SIGNATURE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

0.3

		용
		S S
		3
		ć,
		7
		Pages
		t permit.
20	executed within nours after death. Page 6 may be retained by the hospital or attending physician.	and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should
00	0 0	e
10	din	#
-	Her	in the
12	50	S
N	9	ò
	Spit	Pe
Z	2	tac
A	the	de
7	3	8
Œ	0	P
A	tain	Sho
\geq	92	NO.
Ë,	ay be	page
F	E	10,
Z	9	99
=	G.	9
BALTIMORE, MARYLAND 21215-0020	eath.	funera
8	er o	#
	20	3
	NE S	.5
	ă	lled
		y fi
0	\$	etel
9	*	de
37	rec	8
68760,	Xect	and .

DIVISION OF VITAL RECORDS, P.O. BOX

hours after death. Page 6 may be retained by the hosp	stely filled in by the funeral director, page 5 should be detache mation. or removal.	it, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for his sind within 72 hours after heart with the State Dear, of Hearth and Mental Hydeles onor to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTA	L HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, La DANIEL JOS	SEPH HEALEY,	20.77		(3)	2. DATE MONT JUN	OF DEATH	, 1994	3. TIME OF DEATH 1:10 P. M
4. SOCIAL SECURITY NUMBER 577-14-1462 90. FACILITY NAME (# not institution, gi	1 x M 2 □ F 7	(In yrs. last birthday) 7 3 YRS.	MONTHS DAYS		Marc	of BIRTH h, Day, Year) h 16,19	8. BIR Cou	THPLACE (State or Foreign ntry) shington, DC
	ursing Center		Rockvi		PEAIN		ontgom	
10a. STATE 10b. COL			ry, town on Loc	CATION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
		, , , , , , , , , , , , , , , , , , ,		101. ZIP CODE	0	1		WHAT COUNTRY?
10e. STREET AND NUMBER 2020 Wallace 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	AVenue 12. WAS DECEDENT EVEN FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 NO	If yes,	2090 ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Spec	ANIC ORIGII		Ble	CE — American Indien, ack, White, etc. actly:
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	DUCATION	18e. DECEDENT'S	work done during se retired.)	TION most of working gineer	168	. KIND OF BUSINI	I ESS/INDUSTRY	wiite
17. FATHER'S NAME (First, Middle, Last)		Орегает	ing bire		AME (First,	Middle, Meiden Sur	mame)	
Daniel M. 190. INFORMANT'S NAME (Type/Print)	Healey	196 MAH ING	Anness /Stree	Nellie		McHu	0	
	Healey			Avenue,				d 20902
20e. METHOD OF DISPOSITION 1X Burlet 2 Cremation 3 F	Removal from State	b. PLACE AND DATE	OF DISPOSITION	Name of	DAT	E 20c. LOCAT	TION — City or	Town, State 20902 ng, Maryland
23. PART I. Enter the disease, ahock, or heart fellu iMMEDIATE CAUSE (Final disease or condition resulting in death)	METASTA	each lina.	not enter tha r					P., MD 20901 Approximate interval Between Onset and Daath 4 YEARS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in death) LAST	с	A CONSEQUENCE O						
PART II. Other aignificant condi	tiona contributing to death i	but not reaulting	in the underly	ing cause given in	n Part i.	24a. WAS AN AU PERFORME 1 YES 2	:07	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	Check only o	ne)		
1 YES 2 NO	1 Inpetient 2 ER/Out			ome 5 - Reeldence	1			
1 Natural 5 Pending 2 Accident Investigati			M 1	NJURY AT WORK? YES 2 NO		SCRIBE HOW INJU		
3 Suicide 4 Homicide 8 Could not detarmine 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM		v — At nome, tarm, ecity)	atreet, factory, of	fice		ATION (Street and or Town, State)	Number or Run	il Route Number,
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	HYSICIAN: To the beat of my know							e(a) and menner ee stated.
29b. SIGNATURE AND TITLE OF CERT	9	EATH (ITEM 27) (TVDE	a, Print)	D41931		2	9d. DATE SIGNI	ED (Month, Day, Year)
	MACHER, MD	230		EFIELD RO)AD, 1	WHEATON,	, MD 20	902
JUN 2 8 1994	Julia Davidson	- Pandell	1	(H)				

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALLIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Cours after death. Page 6 may be retained by the hospital or attending physician.	ir death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should al.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	R	EG. NO.		
	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF E			3, TIME OF DEATH
	Lillian (Ludmil	a) Y. Hvnes				HTHOM	23, 199	YEAR	11:45A M
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	_		
	No sellom to: Acress	40.40		NONTHS DAYS	HOURS MIN.	(Month, De	y, Year)	Count	
	214-34-6772		.04 YRS.			Aug.	18, 1889	Hun	gary
_	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COL	INTY OF E	DEATH
BY FUNERAL DIRECTOR	Wilson Health Ca	re Center		Gaithe	rsburg		Mon	tgom	erv
5	RESIDENCE OF DECEDENT								
빞	10e. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCAT	TION				10d. INSIDE CITY LIMITS?
5	Maryland Mont	gomery	Gait	hersbur	g				1 YES MINO
ᆲ	10e. STREET AND NUMBER	100		101	. ZIP CODE		10g. Cf1	IZEN OF	WHAT COUNTRY?
<u> </u>	201 Russell Aven	110 #106			20877		IIn i	50 t	States
ξΙ	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ADMED	12 WHS DEC	ENDENT OF HISPAN	IIC OBIOINS (6.		_	
۱ ــــــــــــــــــــــــــــــــــــ	1 Never Married 2 Merried	FORCES? 1 YES	S 2 NO	If yes, sp	ecity Cuben, Mexical	n, Puerto Ricar	n, atc.)	Blac	E — Americen Indian, k, White, atc.
5	3 ∑XWidowed 4 ☐ Divorced	IF YES, GIVE WAR OR	DATES	1 TYES	2XXNO Specify	<i>r</i> :		Spec	
- 4	15. DECEOENT'S EDU	ICATION						<u> </u>	White
COMPLEIED	(Specify only highest gred	e completed)	16a. DECEDENT'S U (Give kind of wo	rk done during mo	ON st of working	16b. KIN	D OF BUSINESS/IN	DUSTRY	
ا ك	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT use	retired.)					
<u> </u>	12		Homemake	er		70	wn Home		
ξ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle	s, Maiden Surneme)		
	Frank Yirka				Mary Mo	oravce			
	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street a	nd Number or Rural F		ity or Town State 7	n Code)	
2	Marie H. Shaffer				Avenue, I				3 20052
	20a. METHOD OF DISPOSITION	- T.						4	
	1 - Buriel 2 - Cremetion 3 - Ram	noval from State Co	0b. PLACE AND DATE OF emetery, cremetory or other	DISPOSITION (No er place)	^{me} 6/25/94	DATE	20c. LOCATION —		
-	4 Donation 5 Other (Specify)		emetery, cremetory or other of the contgomery	Cremat	orium, Ir	nç.	Bethesd	a, Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSE		22. NAME AI	D ADDRESS OF FA	CILITY ROL	pert A.	Pumpl	nrey Funeral
	1/2=18	RMI		Home/	KOCKAITTE	e, Inc.	. 300 W	est I	Montgomery
-	/ me	10rug	M00803		e, Rockvi				350-2805
П	23. PART i. Enter the diseases, or shock, or heart failure.	List only one cause on	each iine.	t entar tha mo	da of dying, auci	h aa cardlac	or respiretory a	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Final								Oneat and Death
	disease or condition resulting in death)	. Atheroscl	erotic Car	rdiovas	cular Dis	sease			
ľ			A CONSEQUENCE OF)						
-	_	. Chronic A	nemia						
5	Sequentially list conditions,	0.	A CONSEQUENCE OF):						
ξ	If any, leading to immediate cause. Entar UNDERLYING	Dementia							j
2	CAUSE (Disease or injury	C	A CONSEQUENCE OF						
RIFICALION	that initiated eventa reaulting in death) LAST								
u li		d. Osteoarth	ritis						
2	PART ii. Other aignificant condition	ns contributing to death	but not resulting in	the undariving	cause given in	Part i 24s	. WAS AN AUTOPSY	241	. WERE AUTOPSY FINDINGS
5				and diseasely in	g casos grion in		PERFORMED?	241	AWAILABLE PRIOR TO
5						1 [YES 2 XNO		COMPLETION OF CAUSE OF DEATH?
2								- 1	1 YES 2 NO
	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO	XX			
SICIAIN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ack only one)			
	EXAMINER? 1 YES 2 XNO	HOSPITAL: 1 Inpetient 2 ER/Ou		OTHER:			L.		
	27. MANNER OF OEATH	28e. DATE OF INJURY			e 5 🗆 Residence			- Column	
7	1x Neturel 5 Pending	(Month, Day, Year)		RY WO	RK?	280. UEŞCHIR	BE HOW INJURY OC	COMED	
ā	2 Accident Investigation				rES 2 NO				
5 I	3 Suicide 8 Could not be	26e. PLACE OF INJUR building, etc. (Sp	RY — At home, Jerm, str	reat, fectory, offic	•	281. LOCATION	N (Street end Numbe wn, State)	er or Rural	Route Number,
4	4 Homicide determined		,,			Only or los	Wit, State)		
	29a. CERTIFIER AXXCEPTIEVING BUYE	MCIAN. To the hard of an in-		S. Walter To	- 5.5.5		12-13-1 - OC		
		SICIAN: To the best of my kno							
١	2 MEDICAL EXAMIN	ER: On the basis of examinate	ion end/or investigation,	, In my opinion, d	esth occured at the	time, data and	place, end due to t	he cause(e) and menner ea stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM	IBER	29d, DA	TE SIGNED	(Month, Day, Year)
0	8. Alou	uldaray	, MD		3139	1 1)	•	5/2	3/94
2	30. NAME AND ADDRESS OF PERSON WE	HO COMPLETED CALLSE OF T	DEATH (ITEM 27) /Topa 5	Print	7171	1 –		7/2	20070
		-			vill	7	40 30	MD	20879
	Suhair H. Abulfa			gomery	viiiage	avenue	#G-10	, Ga:	thersburg,
	31. DATE FINED AND 2007 160 994	STUTE DAD PAR	mindell						700
	-	Y							

03... r.

- 1
0
\sim
9
~
00
w
9
\times
-
800
-
ш
-
0
_
0
-
10
41
Œ
0
O
ш
100
Œ
_
_
-
⋖
\vdash
=
>
-
4
_
\circ
_
7
=
\circ
=
10
W
_
~
_
_

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the floath. Page 6 may be retained by the hospital or attending physician.

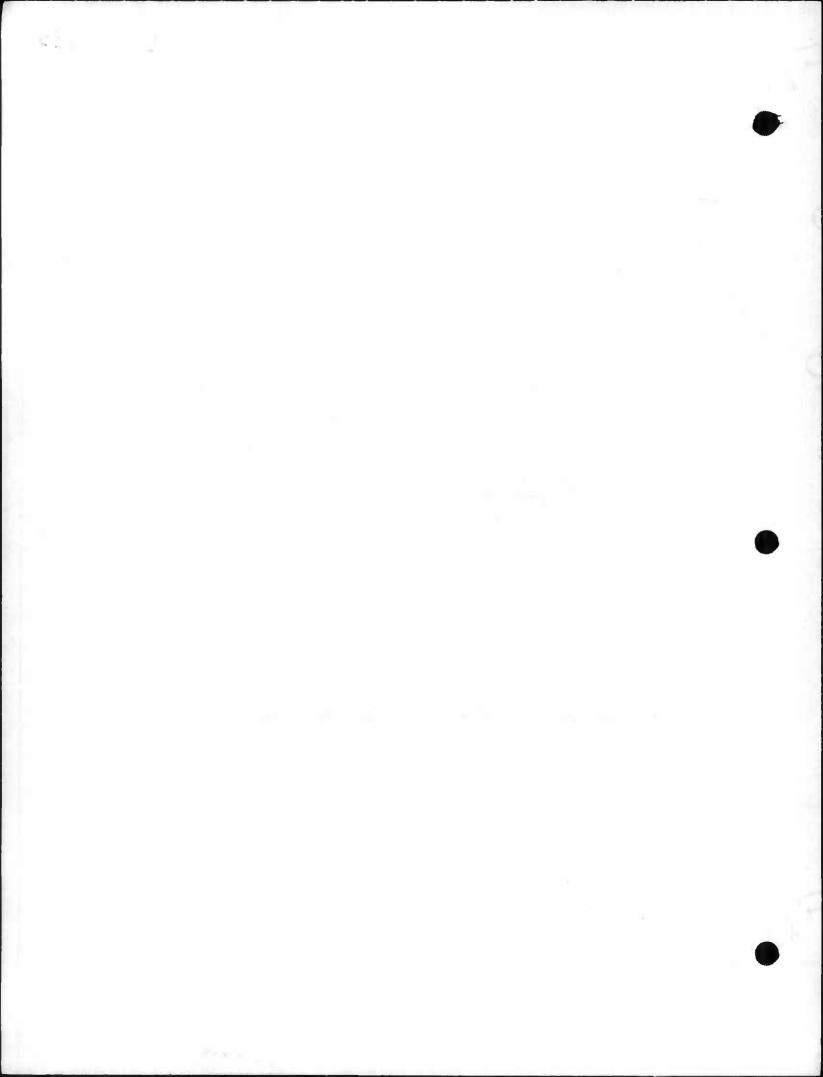
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	Middle, Lest)									OF DEATH			3. TIME OF DEATH
		На	arriet Wh	eeler	Hobde	У				June		1994	YEAR	8:00 P M
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	8. AGE (In	yrs. last birthday)		ER T YEAR		R 24 HRS.	7. DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	577-16-5010		1 🗌 M 2 💢 F		77 YRS.	MONTHS	DAYS	HOURS	MIN.		n, Day, Year)	916	Wash	nington, DC
_	9e. FACILITY NAME (If not in	stitution, give st	treet end number)	-		9b. CIT	Y, TOWN	R LOCAT	ION OF DE		•		INTY OF D	
DIRECTOR	Suburban Ho		•				Ве	ethe	sda			Mo	ntgon	nery
S	10e. STATE	10b. COUNTY	1		10c. CI	ry. TOWN	OR LOCAT	ION						10d. INSIDE CITY
5	Maryland		Montgome	erv				ckvi	116					LIMITS?
	10e. STREET AND NUMBER			- 4				. ZIP COD				toa, Ci	TIZEN OF V	WHAT COUNTRY?
FUNERAL	10201 Grost	enor l	Place, #:	204				20	852			1		States
5	11. MARITAL STATUS		12. WAS DECEDEN			13					17 (Specify Ye	or No-	t4. RACI	E — Americen Indian, k, White, etc.
BYF	1 Never Merried 2 3 Wildowed 4 X Divo		FORCES? 1 IF YES, GIVE V		2XXNO ES	- 11 '	1 YES				Rican, atc.)		Spec	
		EDENT'S EDUC	247124											hite
2	(Specify only	y highest grade	completed)		6a. DECEDENT'S (Give kind of life. Do NOT u	work done	e during mo		ing	16b	. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0	F12)	College (1-4 or 5	+)		reta						N.I	.н.	
S	17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Meiden			
BEC	Willi	lam A.	Wheeler						Harr	iet .	Alden			
	19e. INFORMANT'S NAME (7	ype/Print)			19b. MAILING	ADDRES	SS (Street s	nd Numbe	or or Rural I	Route Num	ber, City or Tow	vn, Stete, Z	ip Code)	
임	Carolyn H.	Goldin	ng		18629	Blu	le Vi	olet	Lan	e, G	aither	sbur	g, M	D 20879
	20e. METHOD OF DISPOSITI	ION on 3 🗆 Reme	oval from State		LACE AND DATE			me ol 6	/28/	94 DAT	E 20c. LC	CATION -	City or To	wn, State
	4 Donation 3 Other 21. SIGNATURE OF FUNETIA		-Δ-	Mor	ntgomér	y C:	remat	cori	ım, I	Inc.	Bet	hesda	a, Ma	ryland
	21. SIGNATURE OF FUNE IX	A	13			22 H	NAME AN	Reth	ess of fa	-Che	obert vy Cha	A. P	umph	rey Funeral 7557
	Mari	12.	essey		M00803	W.	iscor	nsin	Ave.	.,Bet	hesda	, Ma:	rylar	
	23. PART I. Enter the di shock, or h	seases, or c	complications the	t caused t	he deeth. Do	not ente	er the mo	de of dy	ring, suc	h aa car	flac or resp	iratory a	rreat,	Approximate
IMMEDIATE CAUSE (Final											interval Between Onset and Death			
	disease or condition resulting in death)	→	. Sept	ic Sh	lock									
					ONSEDUENCE D									
8	Sequentially list conditi				OCCAL S		is							
Ĕ I	if any, leading to imme- cause. Enter UNDERLY	NG		(e.r.norr.o		. ,.								
Ĕ	CAUSE (Diseese or inju that initiated events	י רי	DUE TO	(OR AS A C	ONSEDUENCE O	PF):								
CERTIFICATION	resulting in death) LAS	T .	d											
	PART II. Other significe	nt condition	s contributing to	death but	not resulting	In the u	ınderlyini	T CRUPP	given in	Part i	24a, WAS AN	AUTOBEV	241	. WERE AUTOPSY FINDINGS
EDICAL	Chronic Re								g		PERFO	RMED?	2.40	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Respirator			cagno.	LII ICIIO	1 00	ALCUI			-	1 TYES	ĭ X ND		OF DEATH?
Σ	DID TOBACCO			TO C	AUSE OF	DFA	TH Y	FS [I NO	X				1 NES 2 ND
¥	25. WAS CASE REFERRED TO	-			1002 01				DEATH (Ch		ne)			
) 	EXAMINER?		HOSPITAL:	ER/Outpati	ent 3 🗆 DOA	OTHE	ER: ursing Hom	e 5 🗆 R	esidence	8 🗆 Othe	r (Specify)			
PHYSICIAN:	27. MANNER DF DEATH		28e. DATE DF (Month, D		28b. Tif		28c. INJ				CRIBE HOW	INJURY O	CURED	
BY		Pending Investigation				М		/ES 2 [_ ND					
	3 Suicide s	Could not be	28e. PLACE D building,	of INJURY -	At home, term,	street, te	ctory, offic				ATION (Street or Town, State,		or Rural I	Route Number,
		=												
COMPLET			CIAN: To the best of											
Į	2 MEDI	CAL EXAMINE	R: On the beele of e	xamination e	nd/or investigati	on, in my	opinion, d	eath occu	ired at the	time, date	end place, er	nd due to t	the ceuse(e	e) end menner ee stated,
BE	296. SIGNATURE AND TITLE	OF GESTIFIES	1.					29c. LIC	ENSE NUM	MBER		29d, DA	TE SIGNED	(Month, Day, Year)
2		IM	1/2					D26	571				June	27,1994
-	Irving Mizu						Del	h = = -1	2 14	1		007.1		
						nue,	Bet	nesd	a, M	aryl	and 2	0814		
	31. DATE FILED Month Dev	Waarl .	120 DEC110TD	D'C CIONIATI	IDE									
	31. DATE FILED Month. Day.	1994	Fulia Da	P'S SIGNATI	Mandell									



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

SOCIAL RECURRENT NUMBER S. REZ N	3. TIME OF DEATH
THE NAME OF THE PRINTED AND A STATE OF THE PRINT	2:20 P M
Sequentially list conditions, the search property of the conditions of plants and control of plants and contro	NPLACE (State or Foreign
## NAMELY MAKE (or an entition, our street and ambde) South	nnsylvania
18. STREET AND NUMBER 5.225 POOKS Hill Road #1.222N 19. WAS DECEMBERT OF HISPANC CONDINIT (Specify two or how for the provided of the provid	DEATN
STREET AND NUMBER 5225 POOKS Hill Road #1222N 19. WAS DECEMBERT OF RESPANC CHOIGHT (Specify Was or No) White Street Pooks hill Road #1222N 11. MANTHAL STATUS 11. MANTHAL STATUS 12. WAS DECEMBERT OF RESPANC CHOIGHT (Specify Was or No) If Pres, 2 (XNO) If Pres, 2 (XNO) Specify Chiefs, Masters, Press 1 (XNO) Specify (Specify Was or No) If Pres, 2 (XNO) If Pres, 2 (XNO) Specify (Specify Was or No) If Pres, 2 (XNO) If Pres, 2 (XNO) Specify (Specify Was or No) If Pres, 2 (XNO) If Pres, 2 (XNO) Specify (Specify Was or No) If Pres, 2 (XNO) If Pres, 2 (X	mery
STREET AND NUMBER 5225 POOKS Hill Road #1222N 19. WAS DECEMBERT OF RESPANC CHOIGHT (Specify Was or No) White Street Pooks hill Road #1222N 11. MANTHAL STATUS 11. MANTHAL STATUS 12. WAS DECEMBERT OF RESPANC CHOIGHT (Specify Was or No) If Pres, 2 (XNO) If Pres, 2 (XNO) Specify Chiefs, Masters, Press 1 (XNO) Specify (Specify Was or No) If Pres, 2 (XNO) If Pres, 2 (XNO) Specify (Specify Was or No) If Pres, 2 (XNO) If Pres, 2 (XNO) Specify (Specify Was or No) If Pres, 2 (XNO) If Pres, 2 (XNO) Specify (Specify Was or No) If Pres, 2 (XNO) If Pres, 2 (X	10d. INSIDE CITY LIMITS?
PART II. Other significant conditions are each filer. List or for Orange year of Company and County of C	1 - YES 2/X NO
TY TES THE NO Specify Specify	WHAT COUNTRY?
TY TES THE NO Specify Specify	l States
Sequentially set conditions Security Sequentially set conditions Sequentially set sequentially set set set set set set set set set set	E — Americen Indian, ck, White, etc.
Second port hybridises and proposed Second port hybridises and proposed port of the desired proposed proposed Second port hybridises and proposed proposed Second port hybridises Second port hybridises Second proposed proposed Second proposed	White
MOTTIS WILLIAMS ROSE Bailen The INFORMATIS NAME (Type/Print) Rachel Hamilton S225 Pooks Hill Road #1222N, Bethesda, Maj 200 METHOD OF DISPOSITION (Name of Committed City or Town, Stein, Zip Codity) A Date 10c LOCATION - City or Town, Stein City Code (Name of Code City) A Date 20c LOCATION - City or Town, Stein City Code (Name of Code City) A Date 20c LOCATION - City or Town, Stein City Code City or Town, Stein City Code City or Town, Stein City Code City or Town, Stein City Code City or Town, Stein City City City City City City City City	
MOTIS Williams Rose Bailen The importance of the property of	
MOTIS Williams The Informati's Name (Typerbrid) Rachel Hamilton South Maring Address (Signed and Number or Paral Flows Number (Cyper Paral Flows Number or Paral Flows Number	Agency
MOTIS Williams The Informati's Name (Typerbrid) Rachel Hamilton South Maring Address (Signed and Number or Paral Flows Number (Cyper Paral Flows Number or Paral Flows Number	
The Malina Address (Rever and Number or Brund Fourth Number City or Row, State, Zer Code) Rachel Hamilton 20. METHOD OF DISPOSITION Removed from State 20. PLACE AND DATE OF DISPOSITION (Name of Control Control) 21. MARK AND ADDRESS (Street and Number or Brund Fourth Number of Date of Disposition (Name of Control) 22. MARK AND ADDRESS OF FACILITY Robert A. Pumphrey Methods of Chesy, Chase, Inc. MO0846 Service And Service Chesy. Chase, Inc. 23. PART I. Effect the diseased, or complications in the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one guas on each line. MEDIATE CAUSE (Fined the diseased, or complications in the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one guas on each line. MEDIATE CAUSE (Fined the disease or conditions) In any, leading to immediate the little of the caused of the deeth. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. DUE TO (OR AS A CONSCOURCE OF): 23. PART II. Other significant conditions, in any leading to immediate the cause of conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24. WAS AN AUTOPPY PERFORMED? 1 DUE TO (OR AS A CONSCOURCE OF): 25. PLACE OF DEATH YES EX NO 26. PLACE OF DEATH YES EX NO 27. MARKENDA DEPORT AND AUTOPPY PERFORMED? 28. SIGNIFICATION (Size and Number or Rural Route in Manken) 29. MARKENDA DEPORT AND AUTOPPY PERFORMED? 29. MARKENDA DATE OF HAURY AND AUTOPPY PERFORMED? 20. LOCATION (Size and Number or Rural Route in Manken) 29. MARKENDA DATE OF HAURY AND AUTOPPY PERFORMED? 29. LOCATION (Size and Number or Rural Route in Manken) 29. LOCATION (Size and Number or Rural Route in Manken) 29. LOCATION (Size and Mancher or Rural Route in Manken) 29. LOCATION (Size and Mancher or Rural Route in Manken) 29. LOCATION (Size and Mancher or Rural Route in Mancher or Rural Route in Mancher or Rural Ro	
Note Compared to the conditions Compared to the country Compar	20814
Note	
21. BUNATURE OF PLINERAL SERVICE LICENSE MOOSE A COMPLETE A. Pumphrey Moose A Complete Mission and Part I. Effect the diseases, or complications that resused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inchesses or condition as a consequence of the mode of dying, such as cardiac or respiratory arrest, individual conditions, in death). 23. PART I. Effect the diseases, or complications that resuse the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, individual conditions of the cause of condition and individual conditions. 24. Chronic Renal Failure 25. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Renal Failure 26. DUE TO (OR AS A CONSEQUENCE OF): 26. DUE TO (OR AS A CONSEQUENCE OF): 27. DUE TO (OR AS A CONSEQUENCE OF): 28. PLACE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Chack only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINERY OF DEATH (Chack only one) 26. PLACE OF DEATH (Chack only one) 27. WANNER OF DEATH (Chack only one) 28. PLACE OF DEATH (Chack only one) 28. PLACE OF DEATH (Chack only one) 28. PLACE OF DEATH (Chack only one) 28. PLACE OF DEATH (Chack only one) 28. PLACE OF DEATH (Chack only one) 28. PLACE OF DEATH (Chack only one) 28. PLACE OF DEATH (Chack only one) 28. PLACE OF DEATH (Chack only one) 28. PLACE OF DEATH (Chack only one) 28. PLACE OF DEATH (Chack only one) 28. PLACE OF DEATH (Chack only one) 29	
MO0846 Home Rethesda-Chevy Chase, Inc.	
23. PART I. Efter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. List only/one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): B. Hypertension DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): COYONARY ATTERY DISEASE DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES X NO COMPANDED TO THE CONTRIBUTE TO CAUSE OF DEATH YES X NO COMPANDED TO THE CONTRIBUTE TO CAUSE OF DEATH YES X NO COMPANDED TO THE CONTRIBUTE TO CAUSE OF DEATH YES X NO COMPANDED TO THE CONTRIBUTE TO CAUSE OF DEATH YES X NO COMPANDED TO THE CONTRIBUTE TO CAUSE OF DEATH YES X NO COMPANDED TO THE CONTRIBUTE TO CAUSE OF DEATH YES X NO COMPANDED TO THE CONTRIBUTE TO CAUSE OF DEATH YES X NO COMPANDED TO THE CONTRIBUTE TO CAUSE OF DEATH YES X NO COMPANDED TO THE CONTRIBUTE TO CAUSE OF DEATH YES X NO COMPANDED TO THE CONTRIBUTE TO CAUSE OF DEATH YES X NO COMPANDED TO THE CONTRIBUTE TO	rey Funeral
Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated everits resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): B. HYPETENSION DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF)	
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month 29d. Date Signat (Month	
# KNOSKUCI M N D23091 ► June 29,	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	
Kaldun A. Nossuli, M.D., 4915 Auburn Avenue #202, Bethesda, Maryland 208	20814-2636
31. DATE FILED (MORTH, Day, Year) 32. BEGISTRAR'S SIGNATURE Julia Davidson fundates	

56,

Montgomery

Specify:

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY LIMITS?

RACE — American Indian, Black, White, etc.

White

20852

Approximate

3 hours

5-10 yrs.

5-10 yrs.

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO

1 YES 2 NO

June 28, 1994

COMPLETION OF CAUSE

interval Between Onset and Death

1 YES 2 NO

Illinois

4:10P

м

Pages 1, 2, 3 should

use as the burial-transit permit.

be detached for

page 5 should notified

funeral director,

filled in by the fi

cremation the

9

must

examiner

medical

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

9

2 Accident

DIRECTOR

FUNERAL

BY

COMPLETED

BE

5

£	vent	atic	mne	er t	oth	0	F	,	8	NOW	3 8	12	Item	0	rked	ma	.00	28	Item	=	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, th		PO
Jatio	crem,	burial	or to	ne pn	lygier	TE .	Мел	and	alth	of He	D.	å	State	the	with	leath	iii	affe	hours	2		within	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation
ely f	mplete	nd co	cian a	physi	guip	tten	the a	3	Dang	S Le	Pe	has	icate	certif	this (After	ä	6	DIRE	N		FUNER	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi
	d with	ecute(8	ficate	certif	ath	ne de	hat th	tt sa	adnir	3	9	F	ICIA	PHYS	- NG	물	Ë	DR	M		HOSPI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
	.60	DIVISION OF VITAL RECORDS, P.O. BOX 68760	X	B	o.	Δ.	S	2	00	Ĭ,	Ε.	A	Ė	>	ō	N	Ξ	2	2				

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 27, Katherine M. Healy 1994 June 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 1 - M 2 - F 335-24-6869 Aug. 24, 95 YRS. 1898 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Rockville Nursing Home Rockville RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Rockville 10e STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10201 Grosvenor Place 20852 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Merried 2 Merried If yes, specify Cuban, Mexican, Puerlo Rican, etc.) 1 TYES 2 NO Specify 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spec College (1-4 or 5+) Elementary/Secondary (0-12) Homemaker 12 Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Schmitz Minnie Burkhardt 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Margaret M. Healy 10201 Grosvenor Place, Rockville, Maryland 20a. METHOD OF DISPOSITION
1 № Burlet 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE All Saints Cemetery 7/2/94 4 Donation 5 Other (Specify). Des Plaines, Illinois Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 21. BIGNATURE OF FUNERAL SERVICE LICENSEE our M00198 Wisconsin Ave., Bethesda, MD 20814-3501 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition Cardiac Failure resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): Hypertensive Cardiomyopathy Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING Atherosclerotic Vascular Disease CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? Multi infarct Dementia 1 TES 2 THO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO |X|

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2X NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Rasidence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending М 1 YES 2 NO

28e. PLACE OF INJURY — At home, term, streat, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29a, CERTIFIER

1 🖔 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(a) and menner ee stated.

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. b. SIGNATURE AND TITLE OF CERTIFIER 75c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

D32610

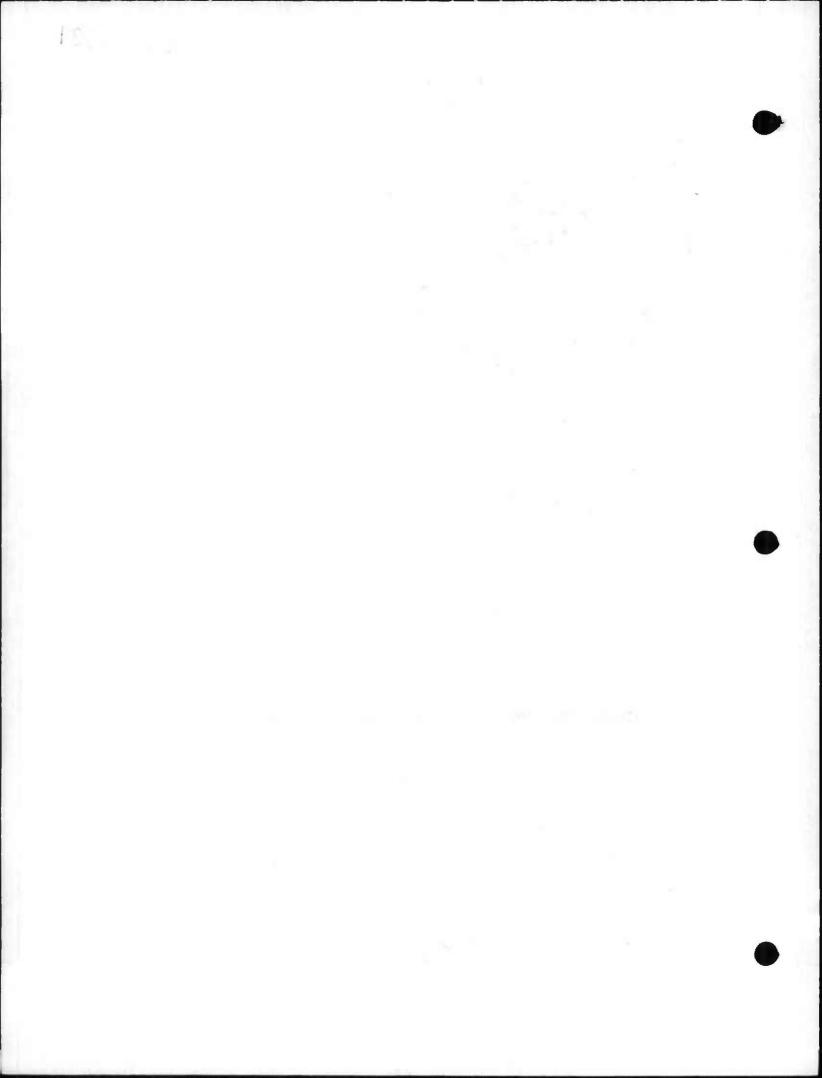
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Investigation

Thomas McNamara, M.D. 5602 Shields Drive, Bethesda, Maryland 20817

31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUN 2 0

Julia Davidson 1994



physician. burial-fransit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	
ital or a	o for us	
he hosp	detache	once.
d by t	pg pe	te pa
retaine	5 shot	notifie
nay be	, page	st be
9 e 6	director	IL MU
eath. Pa	funeral	camine
after d	moval.	icai es
Sunc	ed in I	med
this	stely fil	it, the
rted wil	comple ial, cre	ever
noese ec	an and	umati
ficate t	physici ne prio	her tra
th certi	ending I Hygie	or ot
the dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
es that	gned b	s any
requir	of He	show
he law	e has t	m 23
JAN: T	rtificati	or Ite
PHYSI(this ce with ti	rked,
DING	: After death	is ma
ATTE	ECTOR rs after	п 28
TAL OR	AL DIR	If iter
HOSPIT	FUNER Within	TANT:
D THE	THE THE	MPOR
-	,- 4	_

6

					94	20832			
	Amended Items #9a&19b WCHD	7/5/94 mpt	NT OF HEALTH AND		-				
	1 - STATE REGISTRAR		NT OF HEALTH AND TE OF DEATH	MENIAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH D	AY YEA	3. TIME OF DEATH			
	ESTHER Matilda		HULL	JULY 1.	1994	9:45 A M			
		MONTH	DER 1 YEAR FUNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign ountry)			
	219-07-6274 9e. FACILITY NAME (If not institution, give street end number)		TY, TOWN OR LOCATION OF D	May 05,1					
E E	Nanticake			EATH	9c. COUNTY				
DIRECTOR	23230 NANTICKO ROAD	1.00	JANTICO		I WICC	MICO			
IRE	10e, STATE 10b. COUNTY	10c. CITY, TOW?	N OR LOCATION			10d. INSIDE CITY LIMITS?			
	Maryland Wicomico	Oua	ntico			1 TES 2 NO			
FUNERAL						OF WHAT COUNTRY?			
NE NE	23230 Nanticoke Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S.ARMED 1	21856 3. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	U.S				
	1 Never Merried 2 Merried FORCES? 1 YES	2 NO	If yes, specify Cuben, Mexicon 1 YES 2 NO Specific	en, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc. Specify:			
BY	3 Wildowed 4 Divorced			···		Black			
COMPLETED	(Specify only nighest grade completed)	16a. DECEDENT'S USUAL (Give kind of work don	an during most of working	16b. KIND OF BU	SINESS/INDUSTI	RY			
PLE	Elemantary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retired		.,,					
OMI	17. FATHER'S NAME (First, Middle, Lest)	Domesti		None					
E C	John Hull			Moore	Surramey				
00	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRE	ESS (Street end Number or Rural		n, State, Zip Code	0) /			
10	Winifred Dutton 23230 Nanticoke Rd. Ouantico, Md. 21856								
	1 Burlet 2 Cremetion 3 Removal from State ceme	PLACE AND DATE OF DISP	OSITION (Name of	DATE 20c. LO	CATION - City				
	4 □ Donation 5 □ Other (Specify) H	111s Ceme	tery		ipqui	n,Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		2. NAME AND ADDRESS OF FA Stewart Full		10				
	* Gladys B. Stews		821 West Ro	d.Salisbu	rv.Md	.21801			
	23. PART I. Enter the diseases, or complications that caused abook, or head failure. List only one cause on es	the death. Do not ent	er the mode of dying, suc	ch as cerdiec or resp	iratory arrest,	Approximate interval Between			
	IMMEDIATE CAUSE (Finsi diseese or condition	-	0			Onset and Daath			
	resulting in death) a.	2 mba	lation						
_	DUE TO (OR AS A	CONSEQUENCE OF):							
TIFICATION	Sequentisity list conditions, if sny, leading to immediate	CONSEQUENCE OF):							
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury								
I		CONSEQUENCE OF):							
CER	d								
	PART II. Other significent conditions contributing to deeth but	it not resulting in the	underlying ceuse given in			24b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL				PERFOR		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
ME				_ / ~		1 X res 2 No			
ÿ	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF DEA	ATH YES NO						
Civ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТН	26. PLACE OF DEATH (C)	neck only one)					
IYS	1 X YES 2 NO 1 Inpatient 2 ER/Oulpstient 3 DOA 4 Nursing Home 5 X Residence 6 Other (Specify)								
	27. MANNER OF DEATH 28c. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 1 Netural 5 Pending								
BY	2 Accident Investigation 3 Suicide 5 Could not be 26s. PLACE OF INJURY	At home, ferm, street, fr	1 YES 2 NO	281. LOCATION (Street	ord Number or Bi	SUSP FIRE			
ED	4 Homicide determined building, etc. (Special	OME		2320 NAT					
PLET	29a. CERTIFIER		e time, date and place, and du-			424			
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the besis of examination					use(s) end menner es stated.			
20	29h. SHGHATURE AND TITLE OF CERTIFIER		29c. LICENSE NU			NED (Month, Day, Year)			
0	(A)		O.C.			Y 2, 1994			
입	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type; Print)	0.0.		001	1 4, 1994			

Penn Street, Baltimore, Maryland

32. BEGISTRAR'S SIGNATURE
Julia Davidson-Randell

Day, Year)

1994

DHMH-18 Rev 1/89

56.

177

BALTIMORE, MARYLAND 21215-0020	cate be executed within 2 Julys after death. Page 6 may be retained by the hospital or attending physician.	
N N	hospi	
ĭ	5	
>	B	
MAR	retained	
	8	
Ä	may	
\subseteq	9	
2	Pag	
ALT	death.	
œ	after	*
-1	Supplies	4
	.7	•
60,	withi	
BOX 68760,	executed	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
×	20	
8	safe	

DIVISION OF VITAL RECORDS, P.O. TAL OR ATTENDING PHYSICIAN. The Isa

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within a feel after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit narmit Pages 1 2 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--	---	---	--	--

Jones E. ..

31. DATE FILED (Month, Day, Voar)

JUL 05 1994

32 ACCUSTMAN'S SIGNATURE Julia Dawelson Randall

										24	20000
	FOR										
	1 - STATE REGISTRAR	STATE OF	MARYLAND	DEPAR	RTMENT (OF DE	LTH AND M	ENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)				IOAIL	OI DE	AIII	REG.			3. TIME OF DEATH
	ROSE MARIE	HICKS						7 3 1994 9:35 A M			
į,	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER 1 Y	-		7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
ĵ	9.3 12 1000	1 🗆 M 2 💂 F	61	YRS.	MONTHS D	AYS HOU	UNS MIN.	9-2-19		Country)	SHINGTON, DO
	9a. FACILITY NAME (If not institution, give str				9b. CITY, 10	WN OR LO	CATION OF DEA			NTY OF DE	
9	26783 JADE C	T.			H	EBRO	ON		1	VICO	MICO
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10e CIT	Y, TOWN OR L	OCATION					
E		COMICO		100. 011		BRON	Ţ			- 1	IOd. INSIDE CITY LIMITS?
_	10e. STREET AND NUMBER	0011100			1113	10f. ZIP (<u> </u>		I so- CIT		I YES 2 X NO
EB/	26783 JADE	CT.					21830			J.S.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13. WAS			C ORIGIN? (Specify	_		- American Indian.
7	1 Never Married 2 Married		YES 2	N O	If ye	s, specify (Cuban, Maxican, NO Specify:	Puerto Rican, etc.)	Black,	White, etc.
Э ВҮ	3 Widowed 4 Divorced					X	C Cpacary.			эреспу	WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. Di	ECEDENT'S Give kind of	USUAL OCCU	PATION og most of w	working	16b, KIND OF	BUSINESS/INC	DUSTRY	
۳	(Specify only highest grade completed) Elementary/Secondary (0-12) 12 (Give kind of work done of life. Do NOT use referred.) TELLER										
<u> </u>	17. FATHER'S NAME (First, Middle, Last)							ANK			
	LOUIS ALEXANDER GROSPERRIN							E (First, Middle, Mai	-,	rmm	
BE								IRGINIA			
임	The state of the s										
	206. METHOD OF DISPOSITION 200 BLACE AND DATE OF DISPOSITION (Along of										
	Cometany, Crematory or other place) EASTERN SHORE CREM. 7-6 GEORGETOWN DEL										
	TI. SIGNATURE OF FUNERAL BEHVICE LICENSIES 22, MAME AND ADDRESS OF FACILITY										
- 1	DOINDS BUNDAY HOUR GALLEDWIN HO										
	BOUNDS FUNERAL HOME, SALISBURY, MD.										
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between										
- 1	IMMEDIATE CAUSE (Final disease or condition	Con	Ged Si				(=				Onset and Death
ł	disease or condition resulting in death) a. Mefas fafic Carcinona of Endonefron 1 year DUE TO (OR AS A CONSEQUENCE OF):										
_	DOE TO (OR AS A CONSCIUENCE OF):										
0	Sequentially list conditions, If any, leading to immediate										
5	CAUSE (Disease pr injury										
HTIFICATION	that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	F):						
Ш	resulting in death) LAST										
S	PART II. Other algolificant conditions	contributing to	death but not	resulting	n the under	fylna cau	se given in P	art i 24a MMC	AN AUTOPSY	T 0.05 N	FOR ALTTOON CHILDREN
MEDICAL	751		The De Late		ar the dilaci	lying cao	se given in F		FORMED?	A	/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
3								1 _ YES	2 05 NO		F DEATH?
								-		1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			_	2	& PLACE O	OF DEATH (Check	h anti anal			
2		HOSPITAL:	FR/Outpatient 3	□ DOA	OTHER:						
	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF 28c	INJURY A		Other (Specify)	W INJURY OCC	URED	
	1 Pending 2 Accident Investigation	(Month, D	ay, Year)	INJ	URY	WORK?					
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At he	ome, farm, s	treet, factory,	office	2	81. LOCATION (Stre	et and Number	or Rural Rou	ite Number,
ED	4 Homicide detarmined	somethy,	etc. (Specify)					City or Town, St	ere)		
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	AN: To the best of	my knowledge, de	eath occurre	ed at the time.	data and ni	place, and due to	the cause(a) and	menner as stat	nd .	
COMPLEI	one) 2 MEDICAL EXAMINER										nd manner as stated.
ပို	296. SIGNATURE AND TITLE OF CERTIFIER	1					LICENSE NUMB				
20	7	fat	i, m	0,			2306		290, UAT	SIGNED (A	fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	,		Print)			/ 5	1 '	/3/	74
110	The second secon										1

Ca--011 51.

Replacement

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle	in fant)											
MIRIAM BARBI								June 23 1994 3. TIME OF DEATH 3. TIME OF DEATH 12:23A M				
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HDS	7. DATE OF		1994		PLACE (State or Foreign
579-60-9733	1 M 2 V F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	ey, Year)	1007	Countr	y)
	9a. FACILITY NAME (If not institution, give street and number)			at CITY					IND			
					Mitchelville Prince G							
	Collington Life Care Center					FIVI	.le			Prin	ice (eorge's
						ION						10d. INSIDE CITY
Maryland I	Maryland Prince George's					e						LIMITS?
10e. STREET AND NUMBER						ZIP CODI				10g. CITIZEN OF WHAT COUNTY		
10450 Lottsfor	10450 Lottsford Road					20	721				S.A.	
11. MARITAL STATUS		IT EVER IN U.S. AR	MED	I 12 V	WAS DEC	_		VIC ORIGIN? (S	Sanata Ma			
1 Never Married 2 Marrie		YES 2 VN		- 11	yes, spe	city Cuba	n, Mexica	n, Puerto Rice	n, etc.)	01 110-		- American Indian, c, White, etc.
3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE	MAN ON DATES	ATES 1 ☐ YES 2 NO Specify:			A:			Speci	₩hite		
	T'S EDUCATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	N		16b, KI	ND OF BUS	SINESS/INI		WIIILE
(Specify only highe Elementary/Secondary (0-12)	college (1-4 or 5	life	ve kind of v Do NOT us	work done d se retired.)	luring mo	st of working	g					
Committee y/Secondary (0-12)	5+		lomem	aker				0	um H	ame.		
17. FATHER'S NAME (First, Middle, L			Homemaker Own Home									
Benjamin R. Ca	arnenter					100		Clark		Odmining		
190. INFORMANT'S NAME (Type/Print)			MAILING	Annesse	/Street s			Route Number,		n Ctata 76	Codel	
	Mary Lou Carpenter											55/10
			_			500		-			55410	
1 Burlet 2 Cremation 3	20c. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place) 20c. LOCATION — City or Town						wn, State					
1 Burlel 2 Cremation 3 Removal from State Cemelory, crematory or other place Mount Comfort Crematory 6/24 Alexandria, Viz. Signature of Funeral Service Licensee 22. Name and address of facility								Virginia				
Joseph Gawler's Sons, Inc. 5130 WI									LIT ATTO M			
Vein	on ()	1	2	Wa	chir	ator	TEI	.C. 2	0016	.10.	130	WI AVE. N
disease or condition resulting in death)		(DR AS A CONSED										Weeks
Sequentially list conditions,		IND AS A CONSER	any, leading to immediate use. Enter UNDERLYING ALUSE (Disease or injury at initiated events Due to (DR As A CONSEDURNCE OF): Weeks UNDER TO (DR AS A CONSEDURNCE OF):								1 Week	
Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	oue to	e IV Dec	cubit	is								
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Stag	GE IV DEC	cubit OUENCE OF	is P:								
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Stag	GE IV DEC	Cubit	is F):	derlying	g cause (given in	Part i. 24	a. WAS AN		24b.	Weeks WERE AUTOPSY FINDIN AMILABLE PRIOR TO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant co Recurrent C	a. Stage Due To	GE IV DEC	Cubit	is F):	derlying) Câuse (given in			MED?	24b	Weeks WERE AUTOPSY FINDIN AMILABLE PRIOR TO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Stage Due To	GE IV DEC	Cubit	is F):	derlying) cause (given in		PERFDE	MED?	24b	Weeks WERE AUTOPSY FINOIN AMAILABLE PRIOR TO COMPLETION OF CAUSE
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant co Recurrent C	a. Stage Due To	GE IV DEC	Cubit	is F):	derlying	3 cause (gi ve n in		PERFDE	MED?	24b	Weeks Were autopsy findin AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant co Recurrent of Stage IV December 25. WAS CASE REFERRED TO MED	a Stage Due To	GE IV DEC	Cubit	is	26. PL				PERFDE	MED?	24b	Weeks Were autopsy findin AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant concentration of the courrent of the courrent of the courrent of the courrent of the courrent of the courrent of the courrent of the courrent of the courrent of the courrent of the courrent of the courrent of the courrent of the courrent of the courrent of the courrent of the courrent of the course of the cour	c. Stage Due To d	GE IV DEC	cubit DUENCE OF esulting Lident	IS F):	26. PL	ACE DF D	EATH (Ch	eck only one)	PERFOR	MED?	24b	Weeks Were Autopsy Findin AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant co Recurrent of Stage IV Description of the stage IV Description of the	DUE TO a. Stag DUE TO d	GE IV Dec OR AS A CONSED OR AS A CONSED OR AS A CONSED OR AS A CONSED OR AS A CONSED OR AS A CONSED OR AS A CONSED OR AS A CONSED OR AS A CONSED OR AS A CONSED OR AS A CONSED OR AS A CONSED OR AS A CONSED OR AS A CONSED	esulting ident	OTHER	26. PL t: sing Hom 28c, INJ	ACE DF D	EATH (Ch	_ 1	PERFOR	MED?		Weeks Were autopsy findin AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant co Recurrent of Stage IV December 1 of 1 of 1 of 1 of 1 of 1 of 1 of 1 o	DUE TO Stag DUE TO d. Inditions contributing to cerebrovascu cubitis HOSPITAL: 1 Inpetient 2 (Month, L. (Month, L.)	ge IV Dec (DR AS A CONSED) death but not n ilar acci	esulting ident	OTHER	26. PL t: sing Hom 28c. INJI WO	ACE DF D	EATH (Ch	eck only one) 6 □ Other (S	PERFOR	MED?		Weeks Were autopsy findin AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant co Recurrent C Stage IV De 25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 Natural 5 Pendir 2 Accident Investi	DUE TO Stage DUE TO d. Cerebrovascu ecubitis DICAL HOSPITAL: 1 Inpettent 2 (Month, 1 (Month, 2 (28e. DATE DI (Month, 2 (28e. PLACE OF	ge IV Dec (DR AS A CONSED death but not n Llar acci ER/Outpatient 3 FINJURY Dec, Year) DF INJURY — At ho	esulting dent	OTHER 4 Nurs	26. PLR: sing Hom 28c. INJ WO	ACE DF D • 5 Re URY AT RK7 (ES 2	EATH (Ch	1 eck only one) 8 Other (S 28d. DESCR	PERFOR	NJURY OC	CURED	Weeks Were autopsy findin Amailable Prior to Completion of Caus of Death? 1 Yes 2 ND
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant co Recurrent of Stage IV December 1 of 1 of 1 of 1 of 1 of 1 of 1 of 1 o	DUE TO a. Stag DUE TO d	Ge IV Dec	esulting dent	OTHER 4 Nurs	26. PLR: sing Hom 28c. INJ WO	ACE DF D • 5 Re URY AT RK7 (ES 2	EATH (Ch	8 Other (S 28d. DESCR	PERFOR	NJURY OC	CURED	Weeks Were autopsy findin AMAILABLE PRIOR TO COMPLETION OF CAUS. OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conclusion of the courrent of the cou	DUE TO a. Stag DUE TO d	GEN/Outpatient 3 FINJURY — At ho. etc. (Specify)	esulting dent DOA 26b. TIM INJ	OTHER 4 Nurs E OF URY M	26. PL R: sing Hom 28c. INJI WO 11	ACE DF D • 5 □ Re URY AT RK7 (ES 2 □	EATH (Ch	eck only one) 6 Other (S 28d. DESCR 28f. LOCATIC City or 1	PERFOR YES 2 pecify) IBE HOW I	NO NO NJURY OC	CURED or Plural F	Weeks Were autopsy findin Amaliable Prior to Completion of Causi OF DEATH? 1 YES 2 ND
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algorificant concentration of the courrent of the	DUE TO Stag DUE TO d. Cerebrovascu Cubitis Cerebrovascu Cubitis Coub	GEN/Outpatient 3 ER/Outpatient 3 FINJURY — At ho. etc. (Specify)	esulting DOA D	OTHER 4 Nurs E OF URY M street, factored at the til	26. PL 1: 1: 28c. INJ 28c. INJ 01 01 1	ACE DF D 5 Re URY AT RK? YES 2 end pleca	EATH (Chosidence	eck only one) 6 Other (S 28d. DESCR 28f. LOCATI City or 1	PERFOR YES 2 pecify) DN (Street own, Stele) e) end mae	NJURY OC	CURED or or Rural R	Weeks Were Autopsy Findin AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 ND Route Number,
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conclusions and the courrent of the c	DUE TO a. Stag DUE TO d	GEN/Outpatient 3 ER/Outpatient 3 FINJURY — At ho. etc. (Specify)	esulting DOA D	OTHER 4 Nurs E OF URY M street, factored at the til	26. PL 1: 1: 28c. INJ 28c. INJ 01 01 1	ACE DF D 5 Re URY AT RK? YES 2 end pleca	EATH (Chosidence	eck only one) 6 Other (S 28d. DESCR 28f. LOCATI City or 1	PERFOR YES 2 pecify) DN (Street own, Stele) e) end mae	NJURY OC	CURED or or Rural R	Weeks Were Autopsy Findin AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 ND
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conclusions and the courrent of the c	DUE TO Stage DUE TO d. Stage DUE TO d. Cerebrovascu Cubitis DICAL HOSPITAL: 1 Inpettent 2 28a. DATE DI (Month, 1) 1 Inpettent 2 28b. PLACE (building) DICAL POSPITAL: 1 Inpettent 2 28c. PLACE (building) The best of CEXAMINER: On the basis of CEXAMINER:	GEN/Outpatient 3 ER/Outpatient 3 FINJURY — At ho. etc. (Specify)	esulting DOA D	OTHER 4 Nurs E OF URY M street, factored at the til	26. PL 1: 1: 28c. INJ 28c. INJ 01 01 1	ACE DF D • 5 Re URY AT RK? ES 2 • end place eath occur	EATH (Chosidence	eck only one) 8 Other (S 28d. DESCR 28f. LOCATI City or 1	PERFOR YES 2 pecify) DN (Street own, Stele) e) end mae	NJURY OC	CURED or or Rural R fed. he couse(e	Weeks Were Autopsy Findin AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 ND
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conduction of the courrent of the cou	DUE TO Stage DUE TO d. Stage DUE TO d. Cerebrovascu Cubitis DICAL HOSPITAL: 1 Inpettent 2 28a. DATE DI (Month, 1) 1 Inpettent 2 28b. PLACE (building) DICAL POSPITAL: 1 Inpettent 2 28c. PLACE (building) The best of CEXAMINER: On the basis of CEXAMINER:	GEN/Outpatient 3 ER/Outpatient 3 FINJURY — At ho. etc. (Specify)	esulting DOA D	OTHER 4 Nurs E OF URY M street, factored at the til	26. PL 1: 1: 28c. INJ 28c. INJ 01 01 1	ACE DF D o 5 Re URY AT RK? rES 2 P ond placa eath occur 29c, LICI	EATH (Chrosidence	eck only one) 8 Other (S 28d. DESCR 28f. LOCATI City or 1	PERFOR YES 2 pecify) DN (Street own, Stele) e) end mae	NJURY OC	CURED or or Rural R fed. he couse(e	Weeks Were AUTOPSY FINDIN AMILIABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 ND Route Number,
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conduction of the courrent of the cou	DUE TO Stage DUE TO d. Stage DUE TO d. Cerebrovascu Cubitis DICAL HOSPITAL: 1 Inpettent 2 28e. DATE DI (Month, 1) 1 28e. PLACE of the best of the best of the best of the certifiere	GE IV Dec Of (DR AS A CONSED Of death but not re Ilar acci ER/Outpatient 3 FINJURY Def INJURY — At how etc. (Specify) of my knowledge, de examination end/or i	esulting lident	OTHER 4 Nurse E OF URY M street, facto	26. PL 1: 1: 28c. INJ 28c. INJ 01 01 1	ACE DF D o 5 Re URY AT RK? rES 2 P ond placa eath occur 29c, LICI	EATH (Chinale China	eck only one) 8 Other (S 28d. DESCR 28f. LOCATI City or 1	PERFOR YES 2 pecify) DN (Street own, Stele) e) end mae	NJURY OC	CURED or or Rural R fed. he couse(e	Weeks Were Autopsy Findin Amiliable Prior To Completion of Causi OF DEATH? 1 YES 2 ND Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant co Recurrent C Stage IV De 25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 Natural 5 Pendir 2 Accident Investi 3 Suicide 6 Could 4 Homicide determ 290. CERTIFIER 1 CERTIFYING Check only Check only Check only Check only Check Of Could 29b. SIGNATURE AND TITLE OF CI	DUE TO Stag DUE TO L. Stag DUE TO d	GE IV Dec Of (DR AS A CONSED Of death but not re Ilar acci ER/Outpatient 3 FINJURY Def INJURY — At how etc. (Specify) of my knowledge, de examination end/or i	esulting to dent	OTHER 4 Nurs E OF FURTY M and at the til pen, in my of	26. PL t: sing Hom 28c. INJ WO 1	end place	EATH (Chicelenter of the control of	eck only one) 8 Other (S 28d. DESCR 28f. LOCATI City or 1	PERFOR YES 2 pecify) IBE HOW I ON (Street down, Stete) e) end mat d place, en	NJURY OC	CURED or or Rural R fed. he couse(e	Weeks Were AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 ND Route Number, O end manner ee stated (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

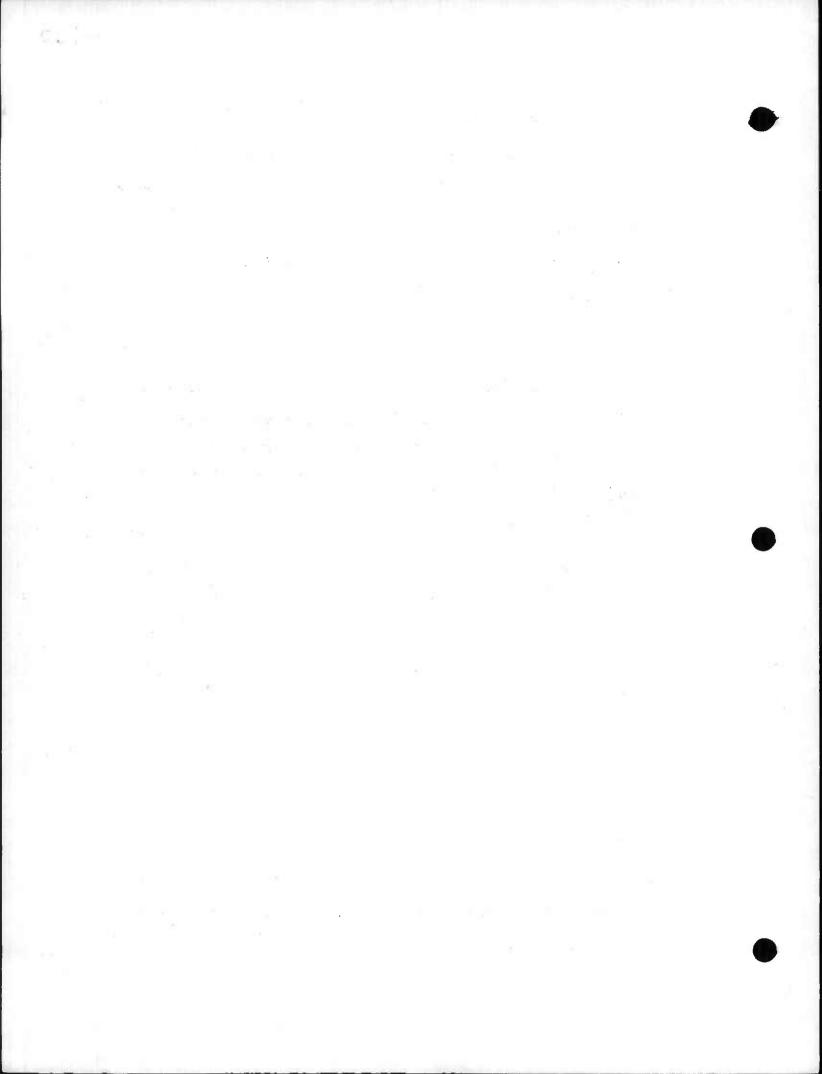
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Anours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIFIC	ATE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								
	Linwo	ood Earl J	acobs	3		June 24,	1994	7:36 a.m	
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (In yrs. last	birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IPLACE (State or Foreign	
	311 10 0003	X M 2 □ F 42	YRS.	NTHS DAYS	HOURS MIN.	June 28,			
OR	99. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH MONTGOMERY 96. COUNTY OF DEATH MONTGOMERY								
5	RESIDENCE OF DECEDENT								
FUNERAL DIRECTOR	Maryland Montgo	omery		own or locat ockvil				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
4	10e. STREET AND NUMBER	-			ZIP CODE		10g. CITIZEN OF		
KER.	5505 Marlin Street 20853 U.S.A						4.		
ВУ	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE—Bleck, W. Specify: 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexicen, Puerto Rican, etc.)						E — American Indian, k, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondery (0-12) Co 12th	ollege (1-4 or 5 +)	re kind of work Do NOT use re			16b. KIND OF BUS	INESS/INDUSTRY		
Ž	17. FATHER'S NAME (First, Middle, Last)		<u>Paint</u>	.er					
<u>ن</u> ا	Clarence Jacobs	Cr.				ME (First, Middle, Maiden			
B	190, INFORMANT'S NAME (Type/Print)		MAILING AD	DRESS (Street a		dred Joh			
5	Edna Hill (Aunt)							20853	
	Edna Hill (Aunt) 5505 Marlin Street, Rockville, MD 20853 20e. METHOD OF DISPOSITION DATE 20c. LOCATION - City or Town, State								
	21. SUMMAQURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A.								
	(Server R.	Anamle			DEN FUN VILLE,				
	23. PART I. Enter the driesses, or companies, or typer failure. List of immediate CAUSE (Final disease or condition resulting in dasth)	fications that caused the de- only one cause on each line. L V W DUE TO (OR AS A CONSEO	Faili		de of dying, auch	as cardiac or raspl	ratory arreat,	Approximata interval Between Onset and Death 24h-	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	Cles testan varial bley 1 YES 2 INO OFD							WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			00 84	ACE OF BEATH (C)	ak anh acci			
S	EXAMINER? HO	OSPITAL:		THER:	ACE OF DEATH (Che				
۲	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF		S Reeldence	8 Other (Specify) 28d. DESCRIBE HOW IN	LIURY OCCUPED		
7	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WOI	RK?	100. DEGOTING FOR II	OCCONED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hon building, etc. (Specify)	ne, ferm, stree	ot, fectory, office		28f. LOCATION (Street e City or Town, State)	nd Number or Rural I	Route Number,	
COMPLETED		: To the best of my knowledge, dea							
g l	2 MEDICAL EXAMINER: On	the beele of examination end/or in	westigation, in	ny opinion, de	eath occured at the t	time, date end piece, end	d due to the ceuse(e	end menner ee stated.	
띪	29b. SIGNATURE AND TITLE OF CENTURA				29c. LICENSE NUM		29d. DATE SIGNED	(Mopth, Day, Year)	
유	30. NAME AND ADDRESS OF PERSON WHO COM					_	1	/	
	Arthur Schoengo	1d, M.D. 18	111 I	rince	Philli	ip Dr., C	lney, l	MD 20832	
	31. DATE FILED (Month, Day Year)	32. HEGISTRAR'S SIGNATURE							

JUN 2 7 1994 Jula Davidson-Mandall



Ŧ	
10	
T	
S	
-	
Ò.	
r. Al	
\sim	
7	
_	
er	
-	
_	1
_	
~	•
_	
◂	
2	
- 81	
ш	
~	
-	
\cup	3
-	
_	
_	
	4
_	
~	
4	-
BALTIMORE, MARYLAND 21215-0	
_	:
	ľ
_	
4	
	1
68760,	The Park
_	1
9	
-	3
200	ě
~	
9	

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Memai Hygiene prior to bunial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYG				
	1. DECEDENT'S NAME (First, Middle, Last)	TI				2. DATE OF OEAT	гн	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE				06	22 /99	14/22 PM		
	227-18-6424	, and the state of				N. (Month, Day, Year) Country)				
	9a. FACILITY NAME (If not institution, give s	7	-	9b. CITY, TOWN	OR LOCATION OF DI	1 - 1 - 1		Y OF DEATH		
OR	SUBURBAN HOSPITA	L	i	BETHE	SDA			MONTGOMERY		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY							10d. INSIDE CITY		
	Maryland Mont	gomery	Wh	eaton				LIMITS?		
3AL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZE	10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	3302 Claridge Co	UTT 12. WAS DECEDENT EVER II			20902			ed States		
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	It yes, so	CENDENT OF HISPAN ecify Cuban, Maxica 2 (X) NO Specifi	n, Puerto Ricen, ato	ly Yee or No— 14 c.)	I. RACE — American Indian, Black, White, atc.		
ВУ	3 Widowed 4 X Divorced		AIES	1 763	2 (A NO Specifi			Black		
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S (Give kind of v life. Do NOT us	work done during me	ON ost of working	16b, KIND O	F BUSINESS/INDUS	STRY		
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5+) 2		ing Cle	ck	U.S.	Governm	ent		
Ö	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Mi				
BE (Charles W. Yearw	ood			Inez I					
2	19a. INFORMANT'S NAME (Type/Print) Thyra Benoit				and Number or Rural					
	20a METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rem	200	. PLACE AND DATE				, Silver Spring, MD 20906 DATE 20c. LOCATION — City or Town, State 6/27 Rockville, Maryland			
	4 Donation 6 Ø Other (T	arklawn o	Cemeter	7	e, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE & J/		22. NAME A MCGU	nd address of fa	al Servi	ice. Inc			
	Harva	CHas	th	7400	Georgia	Ave. N.V	V., Wash	. D.C. 20012		
/		complications that caused List only one cause on a	tha death. Do n	ot enter tha mo	de of dying, suc	h as cerdiac or i	respiratory arres	t, Approximata Intarval Between		
4	IMMEDIATE CAUSE (Finel disease or condition	02/02/	Caro	ind	1.0			Onset and Death		
	resulting in death)	e. DUE TO (OR AS A	CONSEQUENCE OF	1 V (()	ua	TVNOWS				
N	Sequentially list conditions,	b								
ATIC	If sny, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS A	CONSEQUENCE OF	ን:						
IFIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7):						
CERTIFICATION	resulting in deeth) LAST	d								
AL C	PART II. Other significent condition	s contributing to death b	ut not resulting i	n the underlyin	g cause given in	Part I. 24a. WA	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS		
MEDIC,	Dralettes)	uellitus				7	ES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME	- Hyperteus	000	1			_ ′		1 TES 2 NO		
AN:	25. WAS CASE RECEIVED TO MEDICAL	oletter	Elling	26 D	LACE OF DEATH (Ch	ack onto each				
SIC	EXAMINER?	HOSPITAL:	patient 3 00A	OTHER:	ne 5 🗆 Residence)			
PHYSICIAN	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c. IN.	JURY AT		OW INJURY OCCUP	RED		
BY	1 Natural 5 Pending 2 Accident Investigation	AA- BLACE OF MUNICIPAL			YES 2 NO					
ETED	3 Suicida 6 Could not be 4 Homicide datarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, term, a	treet, factory, offic	•	28t. LOCATION (Si City or Town, S		Rural Route Number,		
PLE	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	ledge, death occurre	d at the time, date	and place, and due	to the cause(s) and	f menner as stated.			
COMPL	one) 2 MEDICAL EXAMINE	R: On the basia of axaminatio	n and/or investigatio	n, In my opinion, o	leath occured at the	time, data and plac	a, and dua to the c	cause(a) and manner as stated.		
BE (29b. GIONATURE AND TITLE OF CERTIFIES	'S 0	2. 11	X	29c LICENSE NUI	ABER	29d. DATE S	HGNED (Month, Day, Year)		
2	do. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Time	Print)	20009	4	0	d2-74		
	JAMES F.M. MUN	ery JAM), 63/8	Democ	racy Blo	H Settre	Sa MD	2087		
	31. DATE FILED (Month, Day, Year)	162. REGISTRAR'S SIGN	ATURE DO		/	/	1,			
	JUN 2 8 1994	Juna villason	Marine					DUMH. 16 Per 1/80		

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	P
	ŏ
١.	1
	ĕ.
	10
	5
	8
	Ē
)	害.
	\$
	g
	8
	ਲ
,	8
ø	63
•	9
)	20
1	은
8	23
	400
1	e.
	8
	e
•	100
	e
,	-
ì	Æ
	- dead
	8
1	==
	S
,	2
1	크
	35
	-
	8
	Pe
	-
	ž
•	N.
	2
	3
1	≥
	늅
	en.
	×
)	등
	×
	LENO
	K
	8
	0

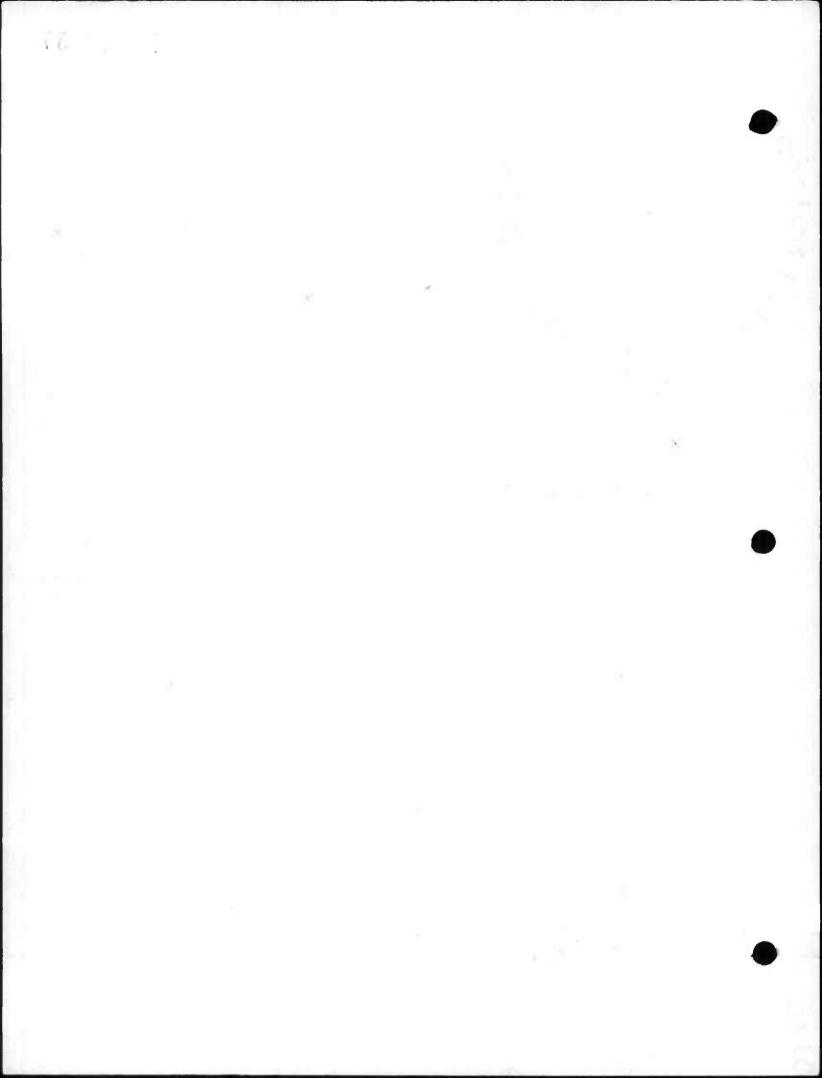
10

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL	HYGIENE REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF OEATH			3. TIME OF DEATH
	Africe Flin	zabeth		JaHN	Cal	MONTH	DA		YEAR	111111111111111111111111111111111111111
	15112		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	JULA	JE 28			PLACE (State or Foreign
	10 111-01-00			MONTHS DAYS	HOURS MIN.	(Month	Day, Year)	, °	Country)
	9a. FACILITY NAME (If not institution, give street	06 06 12 1 Mary							yland	
or I			NULL		OR LOCATION OF D	EATH		9c. COUNT		
<u> </u>	PENINSULA REGIONAL	MEDICAL CE	NTER	SALIS	BURY			WIC	COMI	CO
D	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION					tod. INSIDE CITY
DIRECTOR	MD Wic	omico	0	uant	1,00	Dr				LIMITS?
	10e. STREET AND NUMBER		CP		ZIP CODE					1 YES 2 NO
HA	6215 Catch	Denny	Road	100	2185	6		iug. Cilize		HAT COUNTRY?
FUNERAL		, ,	-	`						
	t Never Merried 2 Merried		2 NO	II yee, sp	ENDENT OF HISPAI ecify Cuben, Mexico	NIC ORIGIN en, Puerto R	7 (Specify Yee lican, etc.)	or No- 1	I. RACE Black,	- American Indian, White, etc.
BY	3 S Widowed 4 Olvorced	IF YES, GIVE WAR OR DATE	S	1 🗌 YES	2 NO Specif	fy:		- 1	Specify	7 \ \ .
	ts. DECEDENT'S EDUCATIO	ON 1	Se. DECEDENT'S L	IRLIAL OCCUPATION		405	KIND OF BUS			slack
Ël	(Specify only highest grade comp	pleted)	(Give kind of w life. Do NOT use	ork done during ma	st of working	100.	KIND OF BUS	INESS/INDU	HY	
COMPLET	Elementary/Secondery (0-12) Co	ollege (1-4 or 5+)					N			
₹	17. FATHER'S NAME (First, Middle, Last)		Domest	1C			None			
					18. MOTHER'S NA					
H	Herman Walker 19e. INFORMANT'S NAME (Type/Print)				Alber					
임			1		nd Number or Rural					
	Rena Austin				st Ave	.Sal	isbur	y,Md	.21	801
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Removal 1		ACE AND DATE O		me of	PATE		ATION — CH		
	4 Donation 5 Other (Specify)		een Ac			12	Sal	isbu	ry,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	(E	A		on F.S		rt En	nors	1 H	OMA
	Blady B.	Stewar			est Rd					
	23. PART I. Enter the dispases, or comp	olications that caused the	na desth. Do no	t anter the mo	da of dying, suc	h as card	isc or respir	atory arres	it.	Approximats
1	shock, or heart fallure. List	only one cause on each	n line.							Interval Between
- 1	IMMEDIATE CAUSE (Final disease or condition 2 11 12 2 12 12 12 12 12 12 12 12 12 12								2-102-	
- 1	resulting in death)	DUE TO (OR AS A C	DISEQUENCE OF	many	roga	n	ron			7
_	disease or condition resulting in death) a. acute mys cardial infantion 2 has our to (or as a consequence of): atherosclartic conclisions desease upons									
◙∥	Sequentially list conditions, If any, issoling to immediata DUE TO (OR AS A CONSEDUENCE OF):								1	
¥	csuse. Enter UNDERLYING	Kabetes	mel	leter						was -
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF	:						3
	resulting in desth) LAST									
2										
A	PART II. Other significant conditions co	ntributing to death but	not resulting in	tha undarlying	cause given in	Part I.	24a. WAS AN A			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음						_	1 YES 2	X NO		COMPLETION OF CAUSE DF DEATH?
¥								-		1 YES 2 NO
z	DID TOBACCO USE CO	NTRIBUTE TO C	AUSE OF	DEATH Y	ES NO					
5	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one	9)			
is	_/	SPITAL: Inpetient 2 - ER/Outpetie		OTHER: 4 - Nursing Hom	e 5 ☐ Residence	s 🗆 Other	(Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT RK?	28d. DES	CRIBE HOW IN	JURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation	(month, bay, real)	INJU		ES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, st	reet, factory, offic		28I. LOCA	ATION (Street at	nd Number or	Rural Ro	oute Number,
	4 Homicide determined	bunding, etc. (Opecny)				City o	or Town, Stete)			
	290. CERTIFIER 1 DE CERTIFYING PHYSICIAN	To the best of my knowled	tie death occurre	d at the time date	and place, and due	de the second	20/2\ 22d = 22			
Suicide S								and manner as stated		
		- 222 POH-202 POH-202	-	,, opinion, u		-	prace, and		*************	
	296. SIGNATURE AND TITLE OF CERTIFIER	muie 2	w)		29c. LICENSE NUI	MINER	- 1	29d, DATE S	DIED!	Morgh, Day, Year)
2	100 miles	7	/		19920	1		-6/	28	/77
	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH	(I/EM 27) (Type,	4.	220	TIL	GHM	AN	R)
	FULKI WI	7/00/	7/6	na)	5736	1563	UKY	· v	us	2/80/
1	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATU	ardelle						1	
- 1	JUN 2 9 1994 L	House in manager .								



Ξ.	8
N	765
	E
=	S
-	A
BALLIMORE, MARYLAND 21	8
_	\$00
>	5
r	8
d	Ë
=	20
~	=
. 0	A
ш	2
T	E
7	40
=	60
2	30
_	9
_	4
٠,	200
•	P
\mathbf{r}	100
	20
	90
	3
	ĕ
	ì
0.	hours after death. Page 6 may be retained by the hospital or
200	eiw D
1,007	ted will
08/20	cuted with
68760.	precuted with
X 58/50.	e executed with
UX 58/60.	be executed with
30X 58/50.	ite be executed with
BUX 58/50.	icate be executed with
J. BOX 58/50.	rtificate be executed with
O. BOX 68/60.	certificate be executed with
P.O. BOX 68/60.	h certificate be executed with
P.O. BOX 68/60.	bath certificate be executed with
S, P.O. BOX 68/60.	death certificate be executed with
JS, P.O. BOX 68760.	he death certificate be executed with
(US, P.O. BOX 68/60.	the death certificate be executed with
HDS, P.O. BOX 68/60.	hat the death certificate be executed with
URDS, P.O. BOX 68760.	that the death certificate be executed with
CORDS, P.O. BOX 68760.	es that the death certificate be executed with
CURDS, P.O. BOX 68760.	uires that the death certificate be executed with
ECURDS, P.O. BOX 68760.	equires that the death certificate be executed with
L RECORDS, P.O. BOX 68760.	aw requires that the death certificate be executed with

215-0020

Pages 1, 2, 3 should permit. use as the burial-transit attending physician. Po detached once. 75 5 should notified page pe must director, examiner funeral (by the the medical ŏ completely filled cremation, traumatic event, and corr prior to the attending physician Mental Hygiene prior tr or other and and shows any signed Health 0 has be Dept. 23 this certificate h TO THE HOSPITAL OR ATTENDING PHYSICIAN: I TO THE FUNERAL DIRECTOR: After this certificat be filed within 72 hours after death with the Stat IMPORTANT: If Item 28 is marked, or ite

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR ELLEN KNEESST 10:50 1994 A June 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leat birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 1 M 2 X F 578-56-7143 52 YRS. Feb. 22, 1942 Washington, D. 9e. FACILITY NAME (If not institution, give etreet end number, 9b. CITY, TOWN OR LOCATION OF DEATN Sc. COUNTY OF DEATH DIRECTOR 9413 Wadsworth Drive Bethesda Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Montgomery Bethesda 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 9413 Wadsworth DRive 20817 U. S. A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried 1 TYES 2 TO NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Insurance Office Manager 4 Insurance 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) George M. Carpenter S. Irene Guy BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 Irene G. Carpenter Lawton Drive Bethesda, MD 20816 20s. METHOD OF DISPOSITION
1 G Burlel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State metery, crematory or other place)
Monocacy Cemetery 6/30 Beallsville, MD 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 5130 WI Ave. NW Washington, D. C. 20016 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory strest, Approximate ahock, or heart fallure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disesse or condition METRIAGEL OSTEOSACCOMA · 7 ms. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated svents resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 3 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? OTHER:
4 □ Nursing Home PResidence 6 □ Other (Specify) HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 DOERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 [MEDICAL EXAM NER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE M ▶ June 27, 1994 96

9 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7/00) 808 PH 12 REGISTRAR'S SIGNAGRE
Who Davidson Handell 31. DATE FILED

DNMN-16 Rev 1/89

المرتب المراكب المدني

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

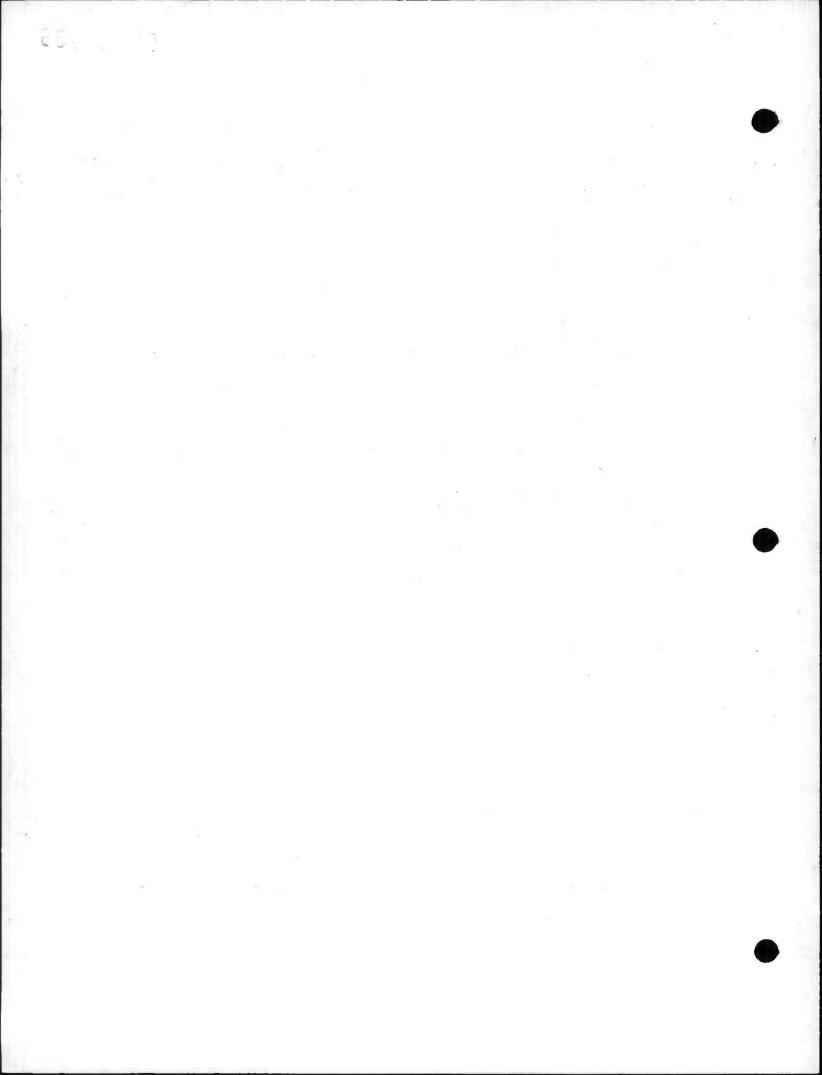
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with an above a may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR			CERTI	-ICAI	E UF	DEA	I H		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF				3. TIME OF DEATH		
	Alex W. Kuzemka								June	28	, 19	94	8:10 Am		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. lest birthday	IF UND	ER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF		, 17		PLACE (State or Foreign		
	203-05-6071	1 K) M 2 F			MONTHS		HOURS	MIN.	(Month, I	Day, Year)		Country	y)		
				74 YRS.			<u></u>			1 21,			sylvania		
	Sa. FACILITY NAME (If not institution, give s	treet and number)						ION OF DE	EATH		9c. COU	NTY OF DI	EATH		
6	706 Notley Road				Sil	ver	Spri	ng			Mont	tgome	ery		
5	RESIDENCE OF DECEDENT				1								-		
DIRECTOR	10a. STATE 10b. COUNTY	Y		10c. CI	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY		
5	Florida Oran	ge		01	land	lo						- 1	LIMITS? 1 K YES 2 NO		
اب	10e. STREET AND NUMBER					10	. ZIP COD	F			10a CITI	ZEN OF W	HAT COUNTRY?		
FUNERAL	14164 Speidel Cou	art.				1."	3282						MAI COUNTAIT		
빌	11. MARITAL STATUS											USA			
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN' FORCES? 1	EVER IN U	J.S. ARMED	13	WAS DEC	ENDENT (OF HISPAN	NC ORIGIN?	Specify Yea	or No-	14. RACE Black	- American Indien, , White, atc.		
B≺	3 Widowed 4 Divorced	IF YES, GIVE W		ES				Specify		,,		Specif	lv:		
		I WW I	1										White		
Ш	15. DECEDENT'S EDU (Specify only highest grade		1	18a. DECEDENT					16b. K	IND OF BUS	INESS/IND	USTRY			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 0 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Foreman - Composing Room Newspaper 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)															
5	17. FATHER'S NAME (First, Middle, Last)														
	Alex Kuzemka					18. MOTHER'S NAME (First, Middle, Maiden Surname) Katherine Dobrowlski									
BE															
2	19a. INFORMANT'S NAME (Type/Print)								Route Number,						
	Minnie Kuzemka			14164	Spe	idel	Cour	ct Or	lando	, Flo	orida	. 328	26		
	20a. METHOD OF DISPOSITION		20b. P	LACE AND DATE	OF DISPO	SITION (N	me of		DATE	20c. LO	CATION -	City or To	wn, Stata		
	1 Buriel 2 Cremation 3 Rem	oval from Stata	Ga	re of H	eave	n Ce	mete	rv	7/1	Silv	er S	prin	g, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIS	ATRISEE													
- 1	. 1.1//	7/								ines-Rinaldi Funeral Home ire Avenue					
	1 111).	Inc		_		Silva	or St	rine	g, Mar	vland	1 20	904			
	23. PART I. Enter the diseases, or o	complications that	ceused t	the death. Do									Approximate		
	shock, or heart feliure.	List only one cau	se on eac	ch iina.									Interval Between		
	iMMEDIATE CAUSE (Finel disease or condition									Onset and Death					
		a. CONGE				FAIL	URE								
		DUE TO	(OR AS A C	ONSEQUENCE	OF):										
z		b. ISCHA	EMIC	CARD	TOM	V O D A	тцу								
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	b. ISCHA	OR AS A	ONSEQUENCE	DF):	I UI-P	AIII								
8	cause. Enter UNDERLYING	/		_											
Ē	CAUSE (Disease or injury thet initiated eventa	· MI LBY	OR AS A	ONSEQUENCE	DF):	-									
F	resulting in death) LAST														
빙		d													
	PART II. Other significent condition	e contributing to	deeth but	not regulting	In the u	nderlyln	g cauee	given in	Part i. 2	te. WAS AN	AUTOPSY	246.	WERE AUTOPSY FINDINGS		
EDICAL	RENAL FAILU	PF								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	KENAB TATEO	KE							— ¹	YES X	□ NO	- 1	OF DEATH?		
									_				1 YES 2 NO		
z															
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Che	ack only one)						
S	1 Tes 2 No	HOSPITAL: 1 Inpetient 2	ER/Output	lent 3 DOA	OTHE		n 6 (*1.78)	naldanaa	8 Other (Danaid at					
}	27. MANNER OF DEATH	28a, DATE OF		28b. TI		28c. IN.		esidence	28d. DESCI		uliny ocy	CURED			
	Netural 5 Pending	(Month, De			JURY	W	PRK7	7.00	200. DESCI	MBE HOW II	NONT OCC	JUNED			
B	2 Accident Investigation						YES 2	NO							
ا ۾	3 Suicide 8 Could not be	28a. PLACE Of building,	F INJURY — etc. (Specify	At home, farm,	street, fa	ctory, offic	•		28f. LOCAT	ON (Street a Town, State)	nd Number	or Rural A	oute Number,		
	4 Homicide determined														
ו ב	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowler	ige death occur	red at the	time date	and place	and due	to the enuse	(n) and man					
COMPLETED													SERVICES SAVERED		
8	2 MEDICAL EXAMINE	OF THE DESIGNATION AND			vii, in my	opinion, o	wath occu	rea at the	time, data ar	nu piace, and	g gue to th	e cause(a)	and menner as stated,		
шШ	29b. SIGNATURE AND TISLE OF CERTIFIER	3					29c. LIC	ENSE NUN	IBER		29d. DAT	E SIGNED	(Month, Day, Year)		
8	(3 21		M	Δ			D'	275	5	ļ	1	120 1	0.4		
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEAT	H (ITEM 27) (7/m	e. Print)			2275	5		b/	29/	94		
	CHRISTINE DEL						n 2 '	L 2 C C	-						
				7120	cont	ee	KQ :	₩Z6U	, La	urel	, MI) 2	0707		
	JUN 3 0 1994	Julia Dav	H'S SIGNAT	All and a so											
	3 0 1334	Januaria	14007	- Indian											



T	
S	
_	
\sim	
0	
=	
~	
V	
i	
>	
00	
7	
\geq	
\geq	
ш	
00	
0	
5	
2	
_	
7	
V	
BAL	
~	
3	
2	
8	
~	

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 6

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by the hospital or attending pursician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hydiens prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL OR ATTENDI	IERAL DIRECTOR: Af in 72 hours after de	IT: It item 28 is
TO THE HOS	TO THE FUN be filed with	IMPORTAN

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH YEAR Lorraine M Karas June 26. 1994 3:25PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) June 19, IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) 1 M 2 F DAYS HOURS 011-26-6500 1934 Massachusetts 60 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2921 Greenvale Road Chevy Chase Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Chevy Chase Montgomery 1 VES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2921 Greenvale Road 20815 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—

19 year anactiv Cuban. Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ZNO 14. RACE - American Indian, Black, White, atc. 1 Never Married 2 WMerried If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 NO Specify: ВY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) lege (1-4 or 5+) Secretary/Treasurer Real Estate examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Armand Magnan BE Florence Jette 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Same as #10 20s. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremetion 3 □ Removel from State
4 □ Donation ♣ □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Metropolitan Crematory 6-27-94 Alexandria, Va. 22. NAME AND ADDRESS OF FACILITY DEVOL Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2222 Wisc. Ave., N.W., Wash. D.C. 20007 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heert failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final diseese or condition resulting in death) Ovarian CA 2 yrs. DUE TO (OR AS A CONSEQUENCE OF): COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS **AVAILABLE PRIOR TO** COMPLETION DF CAUSE 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 TES 2 T NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🕅 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 📉 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29a. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 🔲 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Donie Kr June 27, 1994 2 D84766 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Daniel Rosenblum, MD 10400 Conn. Ave Kensington, Md. Suite 608 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

Tulia Davidson-Randell

0 1994

JUN ?

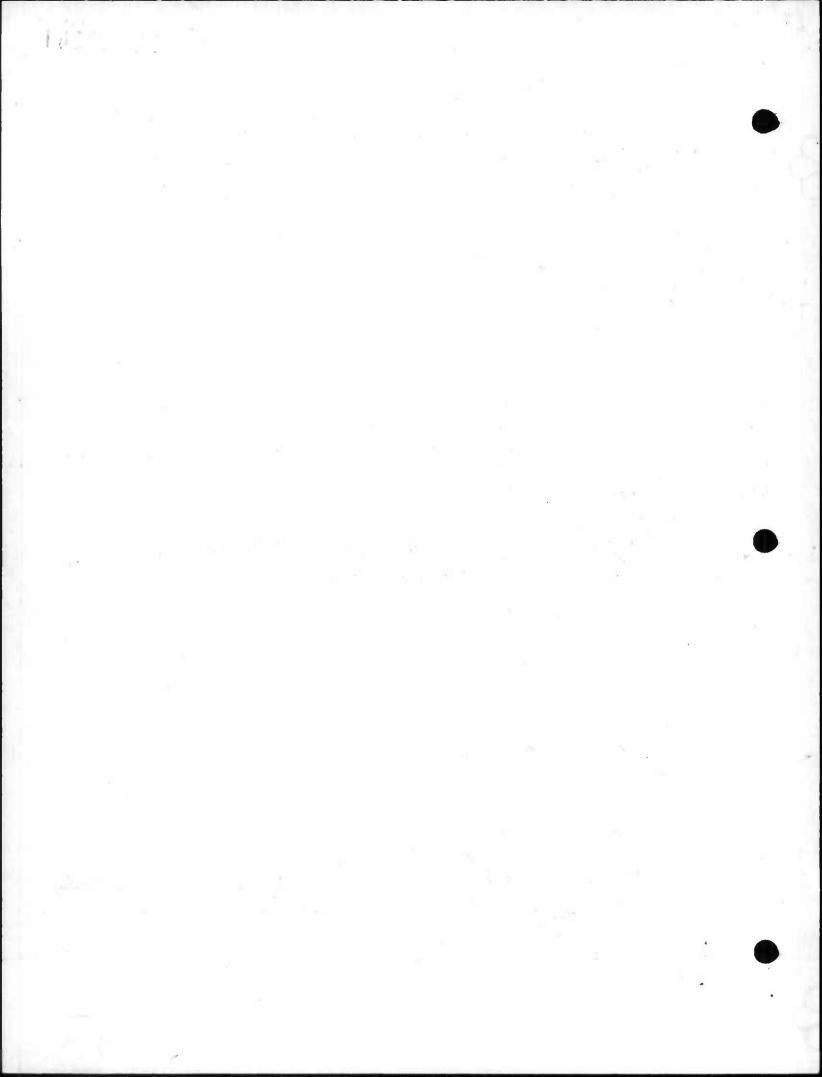
DHMH-16 Ray 1/89

0.15.

68760	
BOX	
P.O.	
RECORDS,	
. REC	
VITAL	
/ HO /	
DIVISION	
2	

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within from him after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MAI		RTMENT OF		ENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)		-113			2. DATE OF DEATH	3. TIME OF DEATH			
	Lieselotte NMI	Kena	ga		- 1	June 12,		YEAR	3:35 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday) IF UNDER 1 YEAR	1	7. DATE OF BIRTH		BIRTHPL/	ACE (State or Foreign	
	428-66-6717	1 M 2 XXF	63 YRS.	MONTHS BAYS	HOURS MIN.	(Month, Day, Year) Sept 30,1	930	Germa	nv	
	9e. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF DEA			TY OF DEAT		
ξ	Sinai Hospital			Baltin	nore					
DIMECTOR	RESIDENCE OF DECEDENT		Darci	iore						
Ä	10e. STATE 10b. COUNT		10c. C	ETY, TOWN OR LOCA	TION		10d. INSIDE CITY LIMITS?			
	Virginia Fairf	ax	F	airfax				12/	XYES 2 NO	
₹	10e. STREET AND NUMBER		f. ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?			
	10106 Scarlet Cir				22030		USA			
FUNEHAL	11. MARITAL STATUS 1 Never Merried 2 X Married	12. WAS DECEDENT EX FORCES? 1	YER IN U.S. ARMED	13. WAS OF	ORIGIN? (Specify Yea Puarlo Rican, etc.)	or No-	14. RACE Black, W	RACE — American Indian, Black, While, etc.		
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify:								Specify:		
5 I	15. DECEDENT'S EDU	CATION	Ma DECEDENT	1			White			
-	(Specify only highest grade	completed)	(Give kind o	'S USUAL OCCUPATI of work done during m use retired.)	ost of working	16b. KIND OF BUS	INESS/INDU	STRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Info.			George Mason Un				
COMPLE	17. FATHER'S NAME (First, Middle, Lest)	0	TINIO.	rech	18 MOTHER'S NAME	E (First, Middle, Maiden		Univ	ersity	
- 11	Heinrich Welsch				Katharin		эшпаты)			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILH	NG ADDRESS (Street		ute Number, City or Town	State 7in (Cordel		
2 ∦	Jay W. Kenaga			6 Scarlet			i, otala, alp c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1	20a. METHOD OF DISPOSITION 1 Burlel 24 Cremetion 3 Rem		20b. PLACE AND DAT	E OF DISPOSITION /N	ame of	DATE 20c. LO	CATION - C	ity or Town.	Sinta	
	1 ☐ Burlet 2/A.//Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	loval from State	cemetery, cremetory of Fairiax	Crematory	June 14	, 1994 Fai	rfax.	Virg	inia	
1	21. BIGHATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME A	ND ADDRESS OF FACI	LITY		1		
- 1	Hama	Mid				Funeral H				
-	23 PARTI . Enter the diseases, or	complications that ca	wood the death. Do	111800	New Hamp	shire Ave	Sil	ver S	pring, MD	
ENTINGENION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	achnois	d Hen	non hag			interval Between Onset and Daeth			
7 0	PART II. Other aignificant condition	na contributing to dec	th but not reaulting	g in the underlyin	g cause given in P	Brt i. 24a. WAS AN PERFOR			RE AUTOPSY FINDINGS	
3 11									LIF ADI C DOLOD TO	
5								CO	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
						1 YES 2		CO OF		
IN: MEDIC								CO OF	MPLETION OF CAUSE DEATH?	
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		T	LACE OF DEATH (Chec	1 YES 2		CO OF	MPLETION OF CAUSE DEATH?	
MINION IN	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Chec	1 ☐ YES 2		CO OF	MPLETION OF CAUSE DEATH?	
MINION IN	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		URY 28b. T	OTHER: 4 Nursing Hor IME OF 28c, IN	ne 5 🗆 Residence 8	1 ☐ YES 2	No	1 [MPLETION OF CAUSE DEATH?	
MINION IN	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	120. DATE OF INJ (Month, Day, Y	URY 28b. T	OTHER: 4 Numing Hor IME OF NJURY M 1	JURY AT DRK? YES 2 NO	1 YES 2	NO NO NO NO NO NO NO NO NO NO NO NO NO N	CO OF	MPLETION OF CAUSE DEATH? YES 2 NO	
D THISICIAN. III	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	120. DATE OF INJ (Month, Day, Y	URY 28b. T	OTHER: 4 Numing Hor IME OF NJURY M 1	JURY AT DRK? YES 2 NO	1 YES 2 k only one)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	CO OF	MPLETION OF CAUSE DEATH? YES 2 NO	
ED DI THISION. IN	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	URY 28b. T	OTHER: 4 Nursing Hor IME OF NJURY M 1 n, street, lactory, office	ne 5 Residence 8 JURY AT JURY AT YES 2 NO	A Only one) Other (Specify) 28d. DESCRIBE HOW IN 281. LOCATION (Street a City or Town, State)	NJURY OCCU	OF 1 [MPLETION OF CAUSE DEATH? YES 2 NO	
ED DI THISION. IN	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) CERTIFYING PHYSICAL COURSE COUNTY CONTROL COUNTY	289. DATE OF INJ. 289. DATE OF INJ. (Month, Day, Y 289. PLACE OF IN building, etc.	URY 28b. T 1 JURY — At home, ferm (Specify)	A Nursing Hor IME OF 28c. IN NJURY M 1 On the Ime of the	DIRY AT STATE OF THE STATE OF T	A only one) Other (Specify) 28d. DESCRIBE HOW IN City or Town, State)	NJURY OCCL	OP 1 [MPLETION OF CAUSE DEATH? YES 2 NO Number	
ED DI THISION. IN	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	28e. DATE OF INJ (Month, Day, Y 28e. PLACE OF IN building, etc. ICIAN: To the best of my ER: On the basis of exami	URY 28b. T 1 JURY — At home, ferm (Specify)	A Nursing Hor IME OF 28c. IN NJURY M 1 On the Ime of the	DIRY AT SHAPE STATE STATE SHAPE STATE SHAPE STATE SHAP	At only one) Other (Specity) 28d. DESCRIBE HOW IR City or Town, State) I he cause(s) and man me, data and place, and	NJURY OCCI.	OF 1 [I SPEED IT I SP	MPLETION OF CAUSE DEATH? YES 2 NO Number, d manner as stated.	
IED DI PRISICIAN. M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Sulcide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJ. 28e. DATE OF INJ. (Month, Dey, Y 28e. PLACE OF IN building, etc. ICIAN: To like best of my ER: On the basis of exami	URY 28b. T JURY — At home, ferm (Specify)	OTHER: 4 Nursing Hor IME OF 28c. IN NJURY M 1 n, street, lactory, officered at the lime, det	DIRY AT STATE OF THE STATE OF T	At only one) Other (Specity) 28d. DESCRIBE HOW IR City or Town, State) I he cause(s) and man me, data and place, and	NJURY OCCI.	OF 1 [I SPEED IT I SP	MPLETION OF CAUSE DEATH? YES 2 NO Number	
ED DI THISION. IN	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Sulcide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJ (Month, Day, Y 28e. PLACE OF IN building, etc. ICIAN: To the best of my ER: On the basis of exami	URY 28b. T JURY — At home, ferm (Specify)	A Nursing Hor IME OF A Sec. IN NURY M 1 On street, lactory, officered at the Hime, detailed, in my opinion,	JURY AT JURY AT JURY AT JURY AT JURY PER 2 NO Jury Per 2 NO Jury Per 2 No Jury Per 2 N	Nonly one) Other (Specify) 28d. DESCRIBE HOW IN 281. LOCATION (Street a City or Town, State) The cause(a) and man me, data and placa, an	NJURY OCCU	JRED JRED J	MPLETION OF CAUSE DEATH? YES 2 NO Number, d manner as stated.	
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Sulcide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	289. DATE OF INJ. 289. DATE OF INJ. (Month, Day, Y 289. PLACE OF IN building, etc. ICIAN: To like best of my ER: On the basis of exami	URY 28b. T JURY — At home, lerm (Specify) knowledge, death occumation and/or investigation	OTHER: 4 Nursing Hor IME OF 28c. IN NURY M 1 n, street, lactory, officered at the Hime, det fillon, in my opinion, pe, Print) Sinai H	JURY AT JURY AT JURY AT JURY AT JURY PER 2 NO Jury Per 2 NO Jury Per 2 No Jury Per 2 N	Nonly one) Other (Specify) 28d. DESCRIBE HOW IN 281. LOCATION (Street a City or Town, State) The cause(a) and man me, data and placa, an	NJURY OCCU	JRED JRED J	MPLETION OF CAUSE DEATH? YES 2 NO Number, Manner as stated.	
ED DI THISION. IN	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Whatural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINE 30. NAME AND ADDRESS OF PERSON WHAT ADDRE	289. DATE OF INJ. 289. DATE OF INJ. (Month, Day, Y 289. PLACE OF IN building, etc. ICIAN: To like best of my ER: On the basis of exami	JURY — At home, lerm (Specify) knowledge, death occunstion and/or investigation and/or inves	OTHER: 4 Nursing Hor IME OF 28c. IN NURY M 1 n, street, lactory, officered at the Hime, det fillon, in my opinion, pe, Print) Sinai H	JURY AT JURY AT JURY AT JURY AT JURY PER 2 NO Jury Per 2 N	Nonly one) Other (Specify) 28d. DESCRIBE HOW IN 281. LOCATION (Street a City or Town, State) The cause(a) and man me, data and placa, an	NJURY OCCU	JRED JRED	MPLETION OF CAUSE DEATH? YES 2 NO Number, Manner as stated. Onth. Pay, Year) Limore MD	



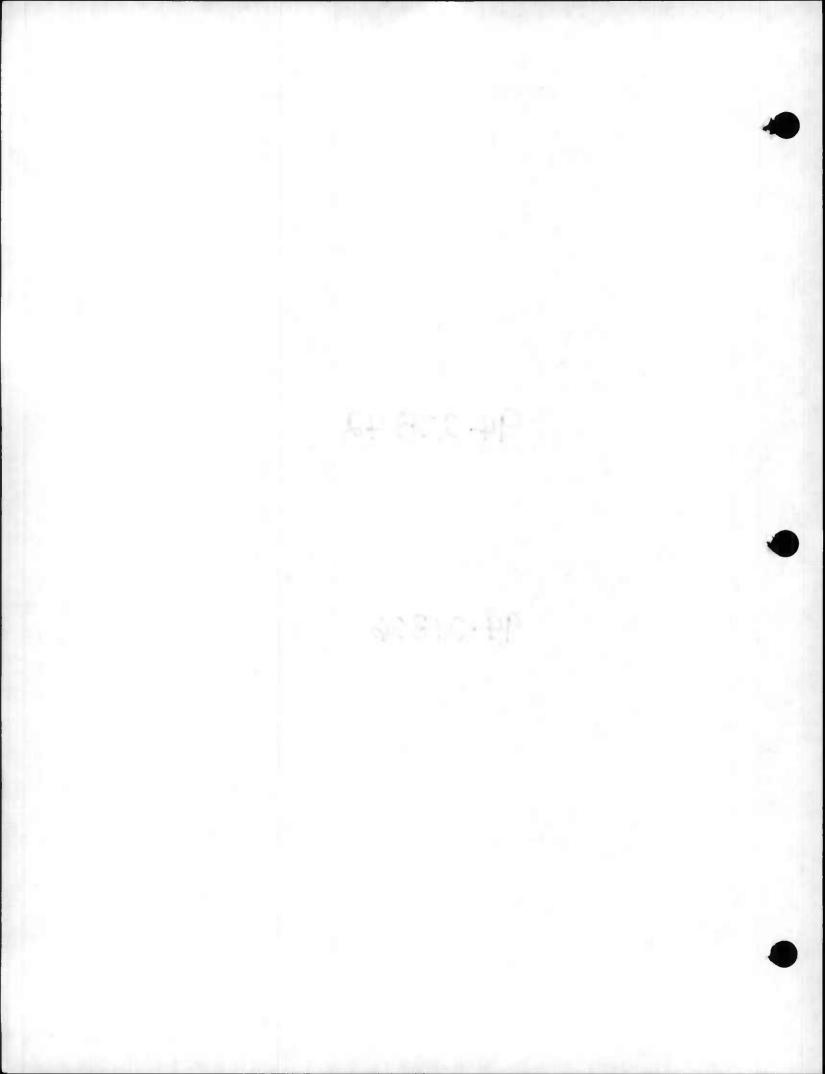
VOID
CERTIFICATE #

94-208 42

SEE

CERTIFICATE #

94-21866



entitution, give strack	1 XXM 2 F	AGE (In yrs. las	yrs.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF	BIRTH	
atrick	pet and number)	7.						entem	er 22	, 194
atrick				9b. CITY	TOWN	OR LOCATIO	ON OF DEAT			9c. CO
EDENT						bury				Wic
	11701100									I MATO
10b. COUNTY	mi do			Y, TOWN O		ION				
Wico	шсо		58	lisb		7ID COOS				10g. CI
Avenue					101					10g. CI
Married roed	FORCES? 1	YES XX			1 yes, sp	ENDENT O	F NISPANIC	ORIGIN? (Puerto Ric	Specify Yes	or No-
		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON .		16b. K	IND OF BU	SINESS/II
-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)		si oi workin	9			
	Unknown	Li	ne W	orke	r				Facto	ory
ddie, Last)						16. MOTN				Surname
								_		
rpe/Print) S		196	70	7 Sm	ith	Stre	or Aural Aoi et —	Sali	sbury	n, State,
ON 3 C Barre	and fences Charte		ND DATE	OF DISPOS	ITION (Na	me of		DATE	-	CATION
(Specify)		John	Wes1	ey C	emet	ery		4	We:	stov
14 4	1: 100	ku aused the de	eth. Do r	91	7 W.	Isa	bella	F a Str	eet -	- Sa
el	METF	TSTATI	(RCIA	1010	701	mur	OF	R
ons, diate NG c.										
nt conditions	contributing to de	sth but not r	esulting (In the un	derlying	g cause g	liven in Pr		PERFOR	RMED?
) MEDICAL					26. PL	ACE OF DE	EAJFR (Check			NO.
		R/Outpatient 3	□ DOA		t:				Specify)	
Pending	28a. DATE OF IN.	JURY	28b, TIM	E OF	28c, INJ WO	URY AT	1			NJURY C
nvestigation	00- Pt 100 07:	NJURY — At ho	me, farm, s	stree1, fact				ef. LOCATI	ON (Street	and Numi
Could not be letermined	28a. PLACE OF II building, atc	. (Specify)						o, c.	iowii, otaloj	
IFYING PNYSIC	IAN: To the best of my	knowledge, de						the cause	(a) and me	nner as s
N TO COMPET ON (SILVE)	Avenue Aerried DENT'S EDUCINIGNOST GRACE CO. COLOR SERVICE LICE DENT SEY DENT SEY DENT SEY DENT SERVICE LICE DENT SERVI	Avenue 12. WAS DECEDENT FORCES? 1 IF YES, OIVE WAR 15. WAS DECEDENT IF YES, OIVE WAR 16. WAS DECEDENT IF YES, OIVE WAR 16. WAS DECEDENT IF YES, OIVE WAR 17. WAS DECEDENT IF YES, OIVE WAR 18. WAS DECEDENT IF YES, OIVE WAR 19. WAS DECEDENT IF YES, OIVE WAR 19. WAS DECEDENT IF YES, OIVE WAR 10. WAS DECEDENT IF YE	Avenue 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES XIXIN IF YES, OIVE WAR OR DATES DENT'S EDUCATION highest grade completed) 16a. DE (G. (G. (G. (G. (G. (G. (G. (G. (G. (G.	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES X NO IF YES, OIVE WAR OR DATES 16a. DECEDENT'S	12. WAS DECEDENT EVER IN U.S. ARMED 13. 14. 15	Avenue 12. Was decedent even in u.s. armed process 1 yes x x yes ap 1 yes, ap 1	Avenue 101, ZIP CODE 2180	AVENUE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XIST NO IF YES XIST N	AVENUE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XIGNO 11 YES	AVENUE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, OIVE WAR OR DATES 12. WAS DECEDENT OF MISPANIC ORIGIN? (Specify) We If yes, specify Cuben, Markam, Puarto Rican, stc.) if YES, 2 NO IF YES, OIVE WAR OR DATES 12. WAS DECEDENT OF MISPANIC ORIGIN? (Specify) We If yes, specify Cuben, Markam, Puarto Rican, stc.) if YES, 2 NO Specify: 15. WAS DECEDENT OF MISPANIC ORIGIN? (Specify) We If yes, specify Cuben, Markam, Puarto Rican, stc.) if YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO NO IF YES, 2 NO IF YES,

5 A

31. DATE FILED (Month, Day, 16er)

JUL 05 1994

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

94

9c. COUNTY OF DEATH Wicomico

10g. CITIZEN OF WHAT COUNTRY? U. S. A.

Specify:

14. RACE — American Indian, Black, White, atc.

3. TIME OF DEATH 1242PM

10d. INSIDE CITY 1 YES 2 K NO

Black

8. BIRTHPLACE (State or Foreign

REG. NO.

September 22, 1944

16b. KIND OF BUSINESS/INDUSTRY

2. DATE OF DEATH

6

Factory (Campbell Soup) NER'S NAME (First, Middle, Maiden Surname) Pearl King or Aural Acute Number, City or Town, State, Zip Code)
eet - Salisbury, MD 21801 20c. LOCATION — City or Town, State Westover, MD Fooks Funeral Service abella Street - Salisbury, MD 2180 ing, such as cardiac or respiratory arrest, Approximats Interval Between Onset and Death TUMUR OF RELTUM YEARS 24s. WAS AN AUTOPSY PERFORMED? given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO EATH (Check only one) sidence 8 - Other (Specify) 28d. DEŞCRIBE HOW INJURY OCCURED NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) and due to the cause(a) and menner as stated. red at the time, data and place, and due to the cause(a) and manner on stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 023373 6/30/94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) ABRUNJ, MO MILFORD ST. JALISBURY. 106 32. REGISTRAR'S SIGNATURE Jalin Davidson Raylall DNMH-16 Rev 1/89

CERTIFICATE OF DEATH

5

0	
~	
0	
Ö	
. 1	
נו	
BALTIMORE, MARYLAND 21215-0020	
64	
O.	
7	
-	
-	
-	
>	
0	
1	
-	
2	
ш	
œ	
$\overline{}$	١.
\subseteq	
\geq	
=	1
-	
	•
-	
m	
	4
_	
	- 2
90	
260	
8760	
68760	
09289	
X 68760	
OX 68760	
30X 68760	
BOX 68760	
). BOX 68760	
.O. BOX 68760	
P.O. BOX 68760	
P.O. BOX 68760	
s, P.O. BOX 68760	
3, P.O. BOX 68760	
DS, P.O. BOX 68760	
RDS, P.O. BOX 68760	
DRDS, P.O. BOX 68760	
ORDS, P.O. BOX 68760	
CORDS, P.O. BOX 68760	
ECORDS, P.O. BOX 68760	
RECORDS, P.O. BOX 68760	
. RECORDS, P.O. BOX 68760	
L RECORDS, P.O. BOX 68760	
AL RECORDS, P.O. BOX 68760	
TAL RECORDS, P.O. BOX 68760	
VITAL RECORDS, P.O. BOX 68760	
VITAL RECORDS, P.O. BOX 68760	
F VITAL RECORDS, P.O. BOX 68760	
DE VITAL RECORDS, P.O. BOX 68760	
OF VITAL RECORDS, P.O. BOX 68760	
N OF VITAL RECORDS, P.O. BOX 68760	
IN OF VITAL RECORDS, P.O. BOX 68760	
ON OF VITAL RECORDS, P.O. BOX 68760	
SION OF VITAL RECORDS, P.O. BOX 68760	
ISION OF VITAL RECORDS, P.O. BOX 68760	
VISION OF VITAL RECORDS, P.O. BOX 68760	
IVISION OF VITAL RECORDS, P.O. BOX 68760	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)			1.7				2. DATE OF DEATH	MAY	YEAR	3. TIME OF DEATH	1
-			INE BEAT					July	19		5:05	A M
10	4. SOCIAL SECURITY NUMBER	5. \$EX	6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Form	eign
	216-14-2210 9e. FACILITY NAME (If not institution, give s	1 D M 2 D F	92	YRS.		155.77			901		LISBURY,	MD
DIRECTOR	SALISBURY NURSING		CENTER						ICOMICO			
E C	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	1		10c. CITY	, TOWN OR LOCA	TION					10d. INSIDE CITY	
HE	MD.	WICOMICO			CAL	ISBURY				- 1	LIMITS?	wo
A P	10e. STREET AND NUMBER	W10011100				f. ZIP CODE	_		10g. CIT	IZEN OF V	VHAT COUNTRY?	
ER	509	BOOTH S	TREET			218	01			USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED		ENDENT OF H	IISPANI	C ORIGIN? (Specify Ye., Puerlo Rican, etc.)	e or No-		— Americen Indiar	n,
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V				2 NO				Speci		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	ive kind of w	USUAL OCCUPATION OF MINING THE	ON ost of working		16b. KIND OF BL	ISINESS/IN	DUSTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	. Do NOT us	e retired.)							
MP	17. FATHER'S NAME (First, Middle, Last)	2 YRS	DO	DMEST	IC					DUSEK	EEPER (S	ELF
	LEONARD	MIL CHUD	COLLEA	ıc		18. MOTHER	'S NAM	IE (First, Middle, Maider				
BE	19a, INFORMANT'S NAME (Type/Print)	MILDUNK	COLLIN		ADDRESS (Street	and Number or	Dural Bo	SARAH J		JONE	.5	
5	DR. DONALD KIAH		-	3818	WHIPPO	DRWIL	BLVI	D., PUNTA	GORE	DA, F	LA. 3395	0
	20e. METHOD OF DISPOSITION 1x Burlel 2 Cremetion 3 Rem	oval from State	cemetery, cre	AND DATE O	F DISPOSITION (Na her place)	ame of		DATE 20c. LC	OCATION —	City or To	wn, State	
	4 Donation 8 Other (Specify)	ENBRE	_ Lit	KEEN .	AURES MI	MURY ADDRESS	PK.	7-5 SA	LISBL	JRY,	MD. 2180	11
	Leute 6	Jalle	4					IAL CHAPE MD. 2180	L, 1	213	JERSEY R	OAD
	23. PART I. Enter the diseases, or can shock, or heart fellure.	complications the	t ceused the de	ath. Do n						rest.	Approximat	te
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	Heart AND	Su. Fr	sp sil	ensjon	SCH	774	mis fund	fuls
MEDICAL	PART II. Other significent condition	e contributing to	deeth but not r	reculting l	n the underlyin	g cause give	en In P	Part I. 24a. WAS AF PERFO	RMED?	24b.	WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH?	O NUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
SC	EXAMINER?	HOSPITAL:			OTHER:	LACE OF DEAT						-
HYS	27. MANNER OF DEATH	1 Inpatient 2 I		28b. TIME		IURY AT	-	28d. DESCRIBE HOW	INJURY OC	CURED		
	1 Natural 5 Pending	(Month, D	lay, Year)	INJ	URY WO	YES 2 N						494
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE C building,	F INJURY — At ho atc. (Specify)	me, ferm, s	treet, factory, offic	•		28f. LOCATION (Street City or Town, State	end Numbe	r or Rural R	loute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE							to the cause(s) end me				
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENS						
8	21		10.00			D-398]		pen	29d. DAT	7	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH		SE OF DEATH (ITE	M 27) (Type,	Print)	2 2303				.//	117	
	MICHAEL ATKINS, M.	D., 1104	HEALTHW	VAY D	RIVE, SA	LISBU	RY,	MD.				
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE									
	JUL 05 1994	Julia di	welcor Ran	dall								
	-	U									DHMH-18	D 4 100

BALTIMORE, MARYLAND 21215-0020

The death. Page 6 may be retained by the hospital or attending physician.

The function page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALLIMORE, MARYLAND	when dearth. Page 6 may be retained by the ho	by the funeral director, page 5 should be detact	ical examiner must be notified at once
STATE OF THE PECCENCY, T.O. BOX 89/80.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 and have death certificate by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complemely fined in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, commission, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR ERTIF	TMENTICATI	T OF I	IEALTH DEA	AND I	MEN'	TAL HYGIEN REG. NO.	E		
1	1. DECEOENT'S NAME (First, Middle, Last) ROY DEWEY	7	LAPP	JR.			****		MC	ATE OF DEATH		YEAR	3. TIME OF CEATH
1	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. le:		IF UNDER		IF UNDER			ne 26, 19	94		12:15 Pm
	213-22-6955	1 🖳 M 2 🗆 F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	(M	lonth, Day, Year)		Count	**
	9e. FACILITY NAME (If not institution, give st		00	Tho.	127					nuary 26, l	7		ennsylvania
67							OR LOCATI					JNTY OF D	
0	24308 Old Bradley Rd.				Má	arde	la Sp	ring	gs		1	Vicon	nico
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y. TOWN	OR LOCA	LION						10d. INSIDE CITY
E	Maryland Wie	omico											LIMITS?
	Maryland Wicomico			1 1	iai de		Sprin						1 YES 2 X NO
FUNERAL	24.208 Old Bandl	D.J				"					10g. CI1		WHAT COUNTRY?
Z	24308 Old Bradl	12. WAS DECEDENT	*****				2183					USA	
	1 Never Merried 2 Merried	FORCES? 1	_ YES 2 🔀 1		13.	WAS DEC	ecify Cuba	n, Mexica	IIC ORI	GIN? (Specify Yee no Rican, etc.)	or No-	14. RACI Blaci	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			1 TYES	2 XNO	Specify	<i>/:</i>			Spec	lly:
	15. OECEDENT'S EDUC	ATION	160 DE	CEDENT'S	IISIIAI O	CCUDATI	OM.		T	set kind or nue		Whi	Le
1	(Specify only highest grade	completed)	(G	ive kind of a	work done			g		16b. KIND OF BUS	INESS/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		Line	1112	,				Petrole	I	D	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Lille	WOLK		40. 44000		-		_	ump	
ŏ	Roy Dewey Lapp	S-2								st, Middle, Melden V Diefe	,		
B	19e. INFORMANT'S NAME (Type/Print)				100000	- 40				_			
2	Fred A. Lapp		19							umber, City or Town			ED 21027
	20e. METHOD OF DISPOSITION		200.0				_	α.,		rdela S _I		-	
	1 Burial 2 Cremetion 3 Remo	val from State	cemetery, cre	motoni or o	thos planel				- 1	ATE 20c. LO			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	cuest A	Salis	bury						/28 Sa	alist	oury,	MD
	It stand the or Function Service Co	la la la la la la la la la la la la la l		1	22.		OWAS			al Home			
	1 411C/2	all	w	1	V						lish	irv.	MD 21801
23. PART L. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or resulting in death) Due to for as a consequence of: Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events) Due to for as a consequence of: Due to for as a consequence of: Due to for as a consequence of: Due to for as a consequence of: Due to for as a consequence of: Due to for as a consequence of: Due to for as a consequence of:					ratory er	rest,	Approximate interval Between Onset and Death						
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A CONSECUTION OF A CONSECUTION OF A CONS	DUENCE OF	7): - - - -	The	P	an co	lea	5			4 snowly
PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to d	leeth but not r	esulting l	n the un	iderlying	g ceuse g	jiven in	Pert i.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Che	ick only	one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	₹:	11						
Ŧ	27. MANNER OF DEATH	26e. DATE OF II	NJURY	28b. TIM		28c. INJ		sidence		ther (Specify) DESCRIBE HOW IN	LILIBY OC	CHRED	
	1 Netural 5 Pending	(Month, Day	(Year)	INJ	URY	WO	RK? (ES 2	l NO		PEQUINDE WOW III		CONED	
B	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF	INJURY — At ho	me, farm, a	treet fect			,	261 1	OCATION (Street a	nd Mumba	a on Dunni E	h
띹	4 Homicide 6 Could not be determined	building, e	tc. (Specify)	,		,, ,,,,,,,			C	ity or Town, State)	io realizadi	or nurer n	odie ridmoei,
W	29a. CERTIFIER		100										
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	EIAN: To the beet of materials: On the basis of exa) end menner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIER							NSE NUM					(Month, Day, Yeer)
BE	11 Mb A Hust	en h	mos				Do						2/54
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITER	4 27) (Type,	Print)		2	00	-/		-	,	(/ /
	145 (GRRALL						7	/ /	-		/	-	

31. DATE FILED (Month, Day, Year)
JUN 2 9 1994

32 REGISTRAR'S SIGNATURE

C. T.

		should
		N
		en.
		Page
		permit.
BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physician.	I by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
o.	5	100
'n	g	SS
7	all e	69
-	-	5
S	10	ğ
Q N	hospit	ached
4	2	det
7	3	8
~	P	모
MAF	etaine	shou
	9	5
щ	nay b	pag
ō	9	100
š	96	Je .
\leq	F.	9
Ļ	eath.	hunera
2	0	
ш	the	#
	55	5

DIVISION OF VITAL RECORDS, P.O. BOX 68760

hos	ache		80
the sta	det		0
3	d b		a at
ainec	hour		ille
rett	5 5		not
A De	page		pe
m	tor,		Iss
96	Jirec.		E
90	ral		nine
deat	fu		хэн
ter	the	oval.	ale
JS a	in by	rem	adic
DO	led	, Q	E
•	N W	atio	Ē
WILL	plete	Сгет	rent
red	000	lal.	2
2000	and Due	ng o	nati
2	cian	or to	Jan
cate	ohysi	e pri	er ti
ertif	DO U	gien	5
the co	lendi	Ţ	0
dea	te at	Aent	E.
t the	by th	nd h	Ξ
tha	Ped	th a	any
uires	Sign	Hea	MIS
req	Deen	of.	sho
MB!	las L	Dept	23
The	ate 1	tate	tem
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mouns after death. Page 6 may be retained by the hose	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	he S	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
YSIC	S Ce	ith ti	ed,
H C	er thi	th w	artk
DIN	Afte	deal	ES
TEN	JOH.	after	28
IR AT	IREC	NUCS	E
20	0 7	2 12	f in
SPIT	ERA	Jin 7	
HÖ	F	With	M
里	出	filed	2
2	2	e	Ξ

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)			4 0		2. DATE OF DEATH		3. TIME OF DEATN	
	EMMA			LAU	15		994 994	2015	м
				F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BHR	THPLACE (State or Foreigntry)	n
		14-10-9575 1 M 23 F 90 YRS. MONTHS DAYS HOURS MN. 11-16-1903 Country							
~	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN								
DIRECTOR	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMIC							[CO	
2	10a. STATE 10b. COUNTY	OVITOO		TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
	MD WIC	COMICO	5	ALISB				1 TES 2 X NO	
FUNERAL	101 GREEN LA	WN AVE.		101	21801		- 1	S • A •	П
ž		12. WAS DECEDENT EVER IN U	I.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Year		CE — American Indian.	-
BY FL	1X Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp		an, Puarto Rican, etc.)	Bla	ick, white, etc.	
	15. DECEDENT'S EDUCA	ATION I	6a. DECEDENT'S US	LIAL OCCUPATIO		Las vine as area	-	WIII 115	_
	(Specify only highest grade co	completed)		k done durina mo		16b. KIND OF BUSI	NESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		IT MA	NAGER	PARTS	COMPA	VY	
O	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden S	(urname)		\dashv
	LEVI LEE LA	WS			MARG	ARET VEST	A BETH	HARD	- 1
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street a		Route Number, City or Town.			\neg
2	BARBARA POMA	\R	101	GREEI	N LAWN	AVE. SALI	SBURY	MD.21801	ı I
	20a. METNOD OF DISPOSITION 15 Burial 2 Cremetion 3 Remove		LACE AND DATE OF		me of	DATE 20c. LOC	ATION — City or	Town, State	\neg
	4 Donation S Other (Specify)		PARSONS		TERY	7-5 S	SALISBU	JRY, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	0	22. NAME AN	ID ADDRESS OF FA		-		
	Sund a	/Sound		ВОТ	JNDS FU	NERAL HOM	E.SAL	CSBIIRY MT	.
	22. PART i. Enter the diseasea, or so	emplications that caused t	he deeth. Do not					Approximata	
1	anock, or heart failure. Li iMMEDIATE CAUSE (Finel	ist only Dne cause Dn eec	h line.					Interval Betw Onset and D	
	diaman proposition	METASTA	774 B	AEAS.	T CA .	151			
	a.	DUE TO (OR AS A C	ONSEQUENCE OF):	7 0 10 0					\neg
Z	Sequentially list conditions, b.	CHF							
E	if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):						
5	CAUSE (Diseese Dr injury	DUE TO (OR AS A C	ONSEQUENCE OF						
CERTIFICATION	that initiated events resulting in desth) LAST	000 10 (011 NO NO	onocuoence or j.					j	- 1
B	d.								
AL	PART ii. Other algnificent conditions				ceuse given in	Part i. 24s. WAS AN A		Ib. WERE AUTOPSY FINDS	NGS
MEDIC	COLONARY	ALTERY 1	D15845	D		1 _ YES 2)	× NO	COMPLETION OF CAUS OF DEATH?	BE
ME							'	1 YES 2 NO	
ä	DID TOBACCO USE C	ONTRIBUTE TO	AUSE OF	DEATH Y	ES NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (CA	neck only one)			\Box
YSI	1 YES 2 NO	1) Inpetient 2 - ER/Outpeti	ant 3 DOA 4	☐ Nursing Nom		8 Other (Specify)			
PH	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME I	wo wo	RK?	28d. DESCRIBE NOW IN	JURY OCCURED		
B	2 Accident Investigation	20. 21.405 05 11.1121			rES 2 NO				
9	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, etc. (Specify,	- At home, ferm, stre)	et, factory, offic		28f. LOCATION (Street an City or Town, State)	id Number of Rura	il Route Number,	
	29a. CERTIFIER A NOCERTIEVING PAYOR	IAN. To the best of the best of							\dashv
COMPLETED		IAN: To the best of my knowled On the basis of examination a						e(a) and manner ae state	d.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE SIGNI	ED (Month, Day, Year)	\dashv
BE	Rosa					8	14/,	194	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	N (ITEM 27) (Type, Pr	rint)	20.110	1 - 1	,	, ,	\dashv
	KOBERT ALLE	IN M.D.	540	RUIN	side x	Je Sel	CAIDO	mdzi	8
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNAT	URE		7.76	7	The same		-4
	JUL 05 1994	Jalia Davidson	tardall			,			_ [

ů:

N/11 1 - 19, 91

, (
9	
6876	
×	
BOX	
3	
P.O.	
491	
õ	
9	
RECORDS	
Œ	
TAL B	
E	
>	
Ö	
Ž	
3	
Š	
20	

IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 T F 191-14-0105 75 1/11/19 page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Deers Head Center Salisbury 10a. STATE 10c. CITY, TOWN OR LOCATION LAWRENCE ELLWOOD CITY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 2558 13th Street 16117 ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2: 2 1 100 1 Never Married 2 Married BY 1 YES 2 K NO Specify: 3 🔀 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade complete) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Hospital Employee notified at once. 17. FATHER'S NAME (First, Middle, Last) FRANCISCO CUDA BE 19a. INFORMANT'S NAME (Type/Print) 5 ANN TABINOWSKI 9 20a. METHOD OF DISPOSITION

1 X Burial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must director, 7/8/94 T AGATHA CEMETERY 21. SIGNATURE OF PURERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY in by the funeral cremoval. dias medical filled in by t **IMMEDIATE CAUSE (Finel** has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation. n 23 shows any Injury, or other traumatic event, the disease or condition executed within resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING the death certificate CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Recurrent cerebrovascular accident <u>Diabetes Mellitus</u> MP State 1. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? DIRECTOR: After this certificate I hours after death with the State Item 28 is marked, or Item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: ne 5 🗆 Residence 6 🗆 Other (Specify) 4 Nursing H 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c, INJURY AT WORK? 28b. TIME OF INJURY 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide COMPLETED 6 Could not be 4 Homicide OR FUNERAL within 72 h IMPORTANT: If 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, de 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 포프 D16003 Ten M. 23 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON Inja J. Hwang

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH **МОНТН** 04 8:30 P.M. Victoria J. Lagana 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign PA 9c. COUNTY OF DEATH Wicomico 10d. INSIDE CITY PE YES 2 NO 10g, CITIZEN OF WHAT COUNTRY USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black. White, etc. WHITE HOSPITAL 18. MOTHER'S NAME (First, Middle, Melden Surna MARIA ANGELA (UNK) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 1717 CRESTWOOD CIRCLE, SALISBURY, MD 20c. LOCATION - City or Town, State ELLWOOD CITY, PA HOLLOWAY FUNERAL HOME 501 Snow Hill Road, Salisbury,MD 21801 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Betw Onset and Death End stage renal failure secondary to diabetic nephrophy Arteriosclerotic cardiovascular disease with history OF congestive heart failure and coronary artery occlusion 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 TES 2 NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. ► 7/4L P.O. 2018 Salisbury MD 21802 32. HEGISTRATES SIGNATURE Julia DRUGGEN RENdell 31. DATE FILED (Month, Day, Year)

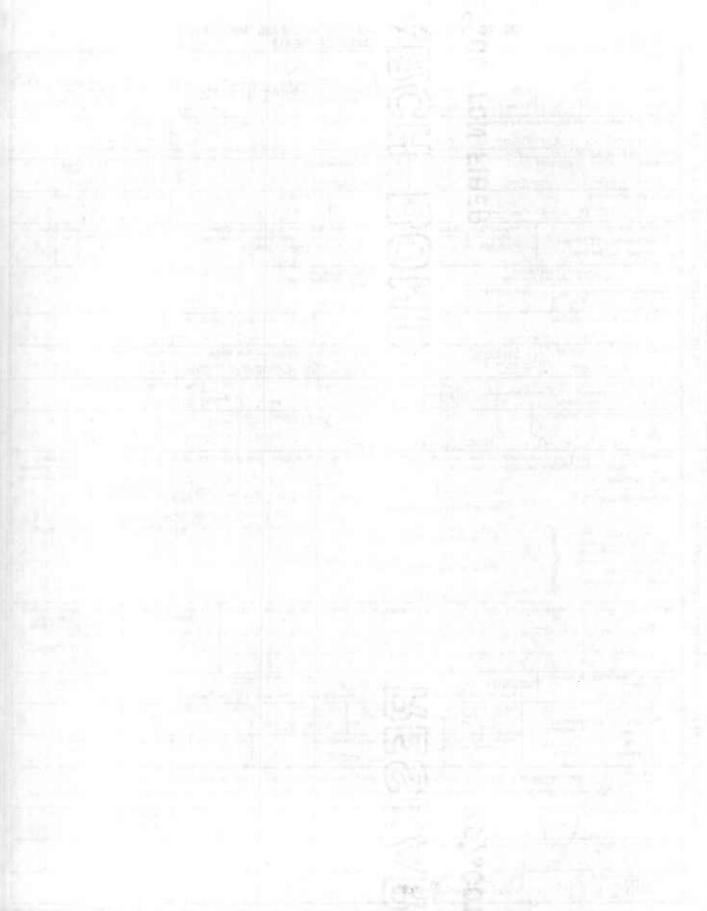
JUL 05 1994

THE L

BALTIMORE, MARYLAND 21215-0020	burs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pure after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the ibe filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Gary T.				2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	GAKY	1	INC	KINL	EY	6 26	7 94	523 AH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.1	BIRTHPLACE (State or Foreign
	578-68-0933	1 JA 2 F 4	YRS.	MONTHS DAYS	HOURS MIN.	2-20-5	o I	Dist Of Col.
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	
1 5	Howard County	Gneral Ho	spital	Co	lumbia		Howa	h
15	RESIDENCE OF DECEDENT		opicar .		TURBLE		110wa	ilu
DIRECTOR	10a. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?
		ward		Columb	ia			TYES 2 NO
Ĭ ×	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
l jij		Court,			21046		U.	S.A.
FUNERAL	11. MARITAL STATUS 1 Never Married 2XXMarried	12. WAS DECEDENT EVER FORCES? 1 YES				NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR			S 2 ND Speci		1.0	Specify:
ED 8	15. DECEDENT'S EDUC	CATION	40. 050505454			T	1	Black
ETE	(Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of a life. Do NOT us	work done during m	ost of working	16b. KIND OF BUS	SINESS/INDUST	MY
1 2	Elementary/Secondary (0-12) 11th Grade	College (1-4 or 5+)	100	DATE:		27.00		
COMPL	17. FATHER'S NAME (First, Middle, Last)		Car	penter	Las morrisons au	NO1		
					The state of the s			
BE		(Sister)	405 444 1140	4000500 m		tie Bart		
2	Ms Deatrice C.							Md #20745
	20a. METHOD OF DISPOSITION		0b. PLACE AND DATE				CATION City	
	XSurial 2 Cremation 3 Rem-	oval from State	emetery cremetory or o	ther place!		6/30 Su		
	21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE /	ITHCOTH .					
) /	1			neral Hor		
	DUNGE K	· / non	valer			-	•	ckville,Md
	23. PART I. Enter the diseases, or of shock, or heart failure.	complications that cause in	ed the death. Do r	not enter the m	ode of dying, suc	ch as cardiac or reepi	iratory arrest.	Approximate Interval Between
	IMMEDIATE CAUSE (Finel		0		- 1			Onset end Death
	disease or condition resulting in death)	. Acute	Myocav	rdial -	intarct	ion / Arria	y them 1	An
								11101
O	Sequentially list conditions,	a ATherosc	A CONSEQUENCE OF	avdio	vancula	a Prisco	se	11/2
A	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (ON AS	A CONSEQUENCE OF	rj:				
은	CAUSE (Disease or Injury that Initiated events	c. DUE TO (OR AS	A CONSEQUENCE OF	F):				
CERTIFICATION	resulting in death) LAST			,				101 L - 10/19
CE		d						
AL	PART II. Other eignificent condition	E			ng ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL	my pertousion	- , prior	Myocar	dialin	tweeter	S X 0 1 TYES 2	1	COMPLETION OF CAUSE OF DEATH?
ME					1			1 TES ZHO
ä							77%	
ĕ S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)		
/SI	1 YES 2 NO	1 Inpatient 2 ER/Ou	itpatient 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HDW I	NJURY OCCUR	ED
84	1 Natural 5 Pending 2 Accident Investigation		100	M 1 🗆	YES 2 ND			
ED I	3 Suicide 6 Could not be	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, term, specify)	street, factory, offi	ce	281. LOCATION (Street a City or Town, State)		lural Route Number,
	4 Homicide determined		-					
PLI		CIAN: To the best of my kno	owledge, death occurr	ed at the time, dat	te and place, and du	e to the cause(a) end mar	nner as stated.	
COMPLET	one) 2 MEDICAL EXAMINE	R: On the beals of examinat	ion and/or investigation	on, in my opinion,	death occured at the	time, data and place, an	d due to the ca	use(a) and manner as stated.
-	294 SIGNATURE AND TITLE OF CERTIFIER	9 (\ \ \	1 -	29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)
) BE	Latina 1 T	Je m	Deputy	ME	D31	473	16	24/911
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)		7 7 70		1119
	PATTINGE A. T.	OPE un 1	4565Heu	uloch (The Wa	& Ellicott	Cuty le	1271045
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG				1		
1 4	JUN 2 0 1994	Allia, Daindana	- Banda 22				1	



20	hveiria
BALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physicia
21	5
ND	hospital
A	the
\equiv	È
MAR	retained
L.T	å
)RE	Thav
2	9
2	Pag
ALI	death.
$\mathbf{\omega}$	after
	HOURS a
	j
30,	within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

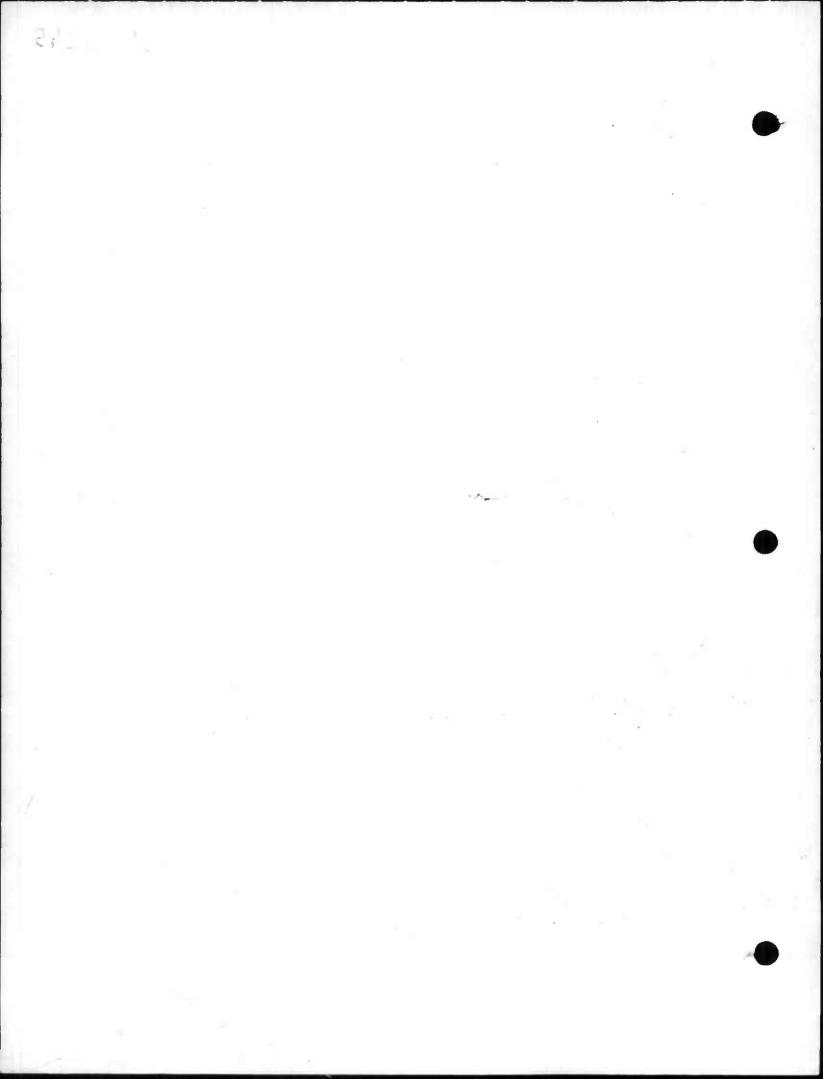
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	-	3. TIME OF DEATH				
	Gertrude Manchester	magni	10	June a	0 1994	2:35 am				
			F UNDER 1 YEAR F UNDER 24 HRS	(Month, Day, Year)	8. BIRTI Count	HPLACE (State or Foreign				
	124-18-4403 1□M2∏F	85 YAS.	b. CITY, TOWN OR LOCATION OF	July 12,		le Island				
œ	9a. FACILITY NAME (If not institution, give street and number)	DEATH	9c. COUNTY OF E							
DIRECTOR	Shady Grove Adventist Hospi		Montgom	ery						
JEC	10s. STATE 10b. COUNTY			10d. INSIDE CITY						
	Maryland Montgomery	Rock	ville			1 X YES 2 NO				
3AL	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
FUNERAL	90 Monroe Street		20850		U.S.A.					
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EV FORCES? 1	YES 2 NO	If yes, specify Cuban, Max	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE— Black, V						
ВҰ	3	OR DATES	1 TES 2 X NO Spi	ecify:	Spec	White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US		16b. KIND OF BU	SINESS/INDUSTRY					
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use	OWN .							
MP	12	Home Mak		Own Ho						
	17. FATHER'S NAME (First, Middle, Last)			NAME (First, Middle, Malden	Sumame)					
H	Elmer Manchester 19a. INFORMANT'S NAME (Type/Print)	19h MAII INO A	Mary h	Rafferty						
2	Joseph Magnino		naugural Way,			879				
	20a. METNOD OF DISPOSITION	20b. PLACE AND DATE OF		-	CATION — City or To					
	1 X Burial 2 Cremation 3 X Ramoval from State 4 Donation 5 Other (Specify)	Oak Grove C		6/23 Fal:		6.11 C. C.				
	21. SIGNATURE OF FUNERAL SERVICE-LICENSEE		22. NAME AND ADDRESS OF	FACILITY						
	1 7.5. 2		De Vol Funera 10 E. Deer Pa		i thorobur	« MD 20977				
	23. PART I. Enter the diseases, or complications that ca	used the deeth. Do no	enter the mode of dying, a	uch as cardiac or reap	ratory arreat,	Approximate				
	shock or healt failure. List only one ceuse to immediate cause (Final	on eech line.				interval Between Onset and Death				
	disease or condition e. PNEU	MONIA								
	DUE TO (OR	AS A CONSEQUENCE OF):				A- Lugary				
NO N	Sequentially list conditions, DUE TO (OR	AS A CONSEQUENCE OF):				4 weeks				
CAT	cause. Enter UNDERLYING									
Ē	trial illitiated events	AS A CONSEQUENCE OF):								
CERTIFICATION	resulting in deeth) LAST									
AL C	PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PERFORMED?									
2	1. CONGESTIVE HEART FAILURE Z. RESPIRATORY FAILURE TO COMPLETION OF CAUSE									
ME	2. STROKE									
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO D									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
YSI	1 YES 2 NO 1 Kinpetient 2 ER	Outpatient 3 DOA 4	☐ Nursing Home 5 ☐ Resident	ce 6 C Other (Specify)						
H	27. MANNER OF DEATN 1 Netural 5 Pending 28a. DATE OF INJU (Month, Day, 16		WORK?	28d. DESCRIBE HOW I	NJURY OCCURED					
B	2 Accident Investigation	IIIPY — At home form ste	M 1 YES 2 NO	and I CONTION (Co						
	3 Suicide 8 Could not be 4 Nomicide detarmined	Duilding, atc. (Specify)								
COMPLETED	29a. CERTIFIER (Check only 1) CERTIFYING PNYSICIAN: To the best of my I	roculades doub sourced	at the time date and start and							
NP	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamin	nation and/or investigation,	In my opinion, death occured at	the time, data and place, an	nner as stated. Id dus to the cause(i	i) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c, LICENSE P		29d. DATE SIGNED					
BE	M.D.			941	▶ 6.20					
5	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE O	F DEATN (ITEM 27) (Type, P	rint)			1				
	50 W. EDMONSTON DR# 5		MULE MD 21	0850						
	31. DATE FILED (Month, Day, 1992)	and the state of t								
	3011 8 1 1001	S 0010811								



0	
N	
0	7
0	
	4
u)	4
0	1
4	
N	
_	1
Z	
es	
7	4
=	
~	-
4	
<	1
MARYLAND 21215-0020	the state of the state of the state of
-	
ш	4
~	1
~	1
$\overline{\mathcal{L}}$	1
≥	3
=	è
June 1	4
LTIMORE	3

	- 6
-	-3
~	- 3
7	3
_	-
-	3
m	- 1
~	- 6
_	5
. BUX 58/50	- 1
15	
	- 2
_	1
n	- 9
~	13
	4
7	1
_	5
	1
, r.	4
-	1
-	13
"	п
7	- 3
= 1	3
Χ.	- 5
_	12
	-
-	- 3
_	13
11	
=	113
- VII AL HECORDS,	-
	1
_	- 1
-	
ч.	- 3
-	Æ
_	
	2
_	9
	C
_	ě
7	5
_	-
_	c
Z	
	-
	7
	-
0	É
10	F
_	-
-	
DIVISION OF	AND APPROXIMATION OF THE PARTY
7	
	i

FOR STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF OEATH Helen Belle Mullican June 28, 1994 6:40 A.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1920 8. BIRTHPLACE (State or Foreign 214-12-2646 November 22 Pennsylvania should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Pages 1, 2, 3 10,002 Cedar Lane Kensington Montgomery 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Montgomery Kensington 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? burial-transit 10,002 Cedar Lane 20895 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Not4. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 1 Never Married 2 Married 1 TYES 2 NO Specify: BY 3 Widowed 4 Olvorced 1 White 35 ED 15. OECEOENT'S EDUCATION 16a. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INOUSTRY use ET ģ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Foreign Patent Assistant detached U.S. Government 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame) Ħ Barkdol1 Clarence Mary Blanche page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Milton Ray Mullican 10,002 Cedar Lane, Kensington, Maryland 20895 ge o 20a. METHOO OF DISPOSITION 20b. PLACE ANO OATE OF DISPOSITION (Name of 29c. LOCATION — City or Town, State DATE must Burial 2 Cremetion 3 R director, Harbaugh's Cemetery Donation 5 - Other (Specify) Rouzerville, Pennsylvani. 7/1/94 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY RANCIS J. COLLINS FUNERAL HOME, INC. funeral 00 UNIVERSITY BLVD., W., SIL. SP., MD 20901 removal. filled in by the medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between 6 IMMEDIATE CAUSE (Final Onset and Death cremation, the disease or condition reta Stales npletely 1 resulting in death) event, OUE TO (OR AS A CONSEQUENCE OF): and comp other traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): 2 nding physician a Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST attending the atten Mental F PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL and and ашу Signed the 1 | YES 2 | NO OF DEATH? 23 shows 1 YES 2 NO been L. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) certificate **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Realdence 6 ☐ Other (Specify) 10 the 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, OESCRIBE HOW INJURY OCCURED this (marked. 1 Natural 1 YES 2 NO BY death After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 66 8 Could not be DIRECTOR: A hours after d item 28 is COMPLETED 4 Homicide 29a. CERTIFIER

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL WITHIN 72 h 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) BE 104 58 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Shorefield Shomache- MD 2309 MD 2090 JUL 0 1 1994 32 REGISTRAR'S SIGNATURE
JULIA DEVISION FONDARE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

21.	22	IN di re	Si Si If Ca Ch th re	29	29	30.	
			TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	OMPLET	O BE C	Ţ	
examiner	edica	rent, the m	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner	IT: If Item	MPORTAN		- [
ne Tuneral di	remo	creme, or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competer, set in by the funeral dill be filed within 72 hours after death with the State Dept. of Health and Memal Hyglene prior to burial, cremdx, or removal.	IERAL DIREC	TO THE FUN be filed with		
r death. Pag	irs afti	with to	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within yours after death. Pag	SPITAL OR A	TO THE HOS	3	113
BALTIM		9,	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DIV		-	

examine must be nouned at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
Pangur au	
event,	
traumant	CATION
n omer	RTIFI
3	Щ

	FOR 1 - STATE REGISTRAR	STATE OF MAR					EALTH AND DEATH	MEN	TAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					-			ATE OF DEATN			3. TIME OF DEATN
1	Susan A. McKe	ever							06/23/94		YEAR	11:55 P M
1	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. las	t birthday)	IF UNDER t		IF UNDER 24 HRS.	7. D	ATE OF BIRTN fonth, Day, Year)		8. BIRTNI Country	PLACE (State or Foreign
i	076-28-0135	1 □ M 2 🛣 F	85	YRS.	MONTHS	DAYS	HOURS MIN.		v. 11, 1	908		higan
	9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY, 1	TOWN O	R LOCATION OF D	_		9c. COUN	TY OF D	EATN
	Sharon Nursing Ho	ome			01ne	y				Mon	tgom	ery
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	~		Lan. OFT	Y, TOWN OR	10017						
				01n		LOCAL	ION				- 1	10d. INSIDE CITY LIMITS?
	Maryland Mont	gomery		OIII	еу	T 404	ZIP CODE			40 - 01711		1 YES 2 T NO
	5908 Willow Knoll	Drive					0855					
	11. MARITAL STATUS	12. WAS DECEDENT EV	/ED IN IL C AD	MED	1 40 111			1110 00	IIGIN? (Specify Yee	-		States - American Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2 X		11	yes, spe	cify Cuben, Mexic	en, Pue		or No	Black	, White, etc.
	3 X Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 "	YES	2 X NO Spec	ny:			Specif	White
	15. DECEDENT'S EDU	JCATION	16a. DE	CEDENT'S	USUAL OCC	CUPATIO	N .		16b. KIND OF BUS	INESS/IND	USTRY	
	(Specify only highest gradi	College (1-4 or 5+)	life (G	. Do NOT us	vork done du se retired.)	inng mot	st or working	- 1				
	Unknown		Nui	csing	Aide	2			Nursing	, Hom	es	
	17. FATNER'S NAME (First, Middle, Last)						18. MOTNER'S N	AME (FI	rst, Middle, Maiden	Surname)		
	Yoannes Timko						Maria	Sea	1ack			
	19a. INFORMANT'S NAME (Type/Print)								Number, City or Town			
	Stephen Polli		13	3225	Warbu	irto	n Drive	, F	t. Washi	ngto	n, M	D 20744
1	20e. METHOD OF DISPOSITION 1X Buriel 2 ☐ Cremetion 3 ☐ Ren	nousi from State	20b. PLACE other pi	OF DISPOS	SITION (Nam	e of cen	netery, crematory or		20c. LO	CATION —	City or To	wn, State
	4 Donetion 6 Other (Specify)	TOVEL TIONS STATE	Long	Islan	d Nat	ion	al Ceme	ter	y Pine	lawn	, Ne	w York
	21. SIGNATURE OF HUNERAL SERVICE LI	CEHSEE			22. N	AME AN	D ADDRESS OF F	ACILITY	neral Ho	mo	Tnc	
	Xaii X	Buch										Spring, MD
	23. PART I. Enter the diseases, or	complications that co	used the de	esth. Do r								Approximate
	shock, or heart fellure.	List only one ceuse	on each line	ð.			o,g,			idiony on		Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	C0 4 0	Suc	200	-	loure.						d a 4 4 C
	resulting in death)	e. VACCO	AS A CONSE	QUENCE O	n	v.	4					aaus
	_	delus	d val	tuiv	\							Haus
	Sequentially list conditions, If any, leading to immediate	DUE TO (OR	AS A CONSE	QUENCE Q	P):					. /	. 1	Pr 12
	cause. Enter UNDERLYING	pewer	e p	Nu	ma	1	1 de	m	et	010	UZ-	nos
	CAUSE (Disesse or injury that initieted events	DUE TO (OR	AS A CONSE	QUENCE O	Plo		,		1	in	er's)
	resulting in deeth) LAST	d										
	PART II. Other significent conditio	ne contributing to de	eth hut not	rogulting	In the une	logbalma	n course where h	- Dord	I. 24e. WAS AN	ALITODOV	246	WERE AUTOPSY FINDINGS
		iascula						n Part	PERFOR	MED2	240.	AMILABLE PRIOR TO COMPLETION OF CAUSE
	pertorenae	in circle	1 000	4-0%	T. B		rere.		1 YES 2	(NO		OF DEATH?
						_						1 TES 2 NO
	25. WAS CASE REFERRED TO MEDICAL											
	EXAMINER?	HOSPITAL:	- it		OTHER	:	ACE OF DEATH (C					
	1 YES 2/10 NO 27. MANNER OF DEATH	1 Inpatient 2 Ef	7707	28b. TIN		ng Nom 28c. INJ	e 5 Residence	V .	Other (Specify) DESCRIBE HOW I	N HIEV OC	YIRED	
	1 Nitural 5 Pending	(Month, Day,		IN.	JURY M	WO	RK?	200.	DESCRIBE NOW I	NJUNT OCI	ONED	
	2 Accident investigation	28e. PLACE OF IN	LIURY — At be	ome form	street facto			261	LOCATION (Street	and Number	or Rural F	Printe Number
	3 Suicide 6 Could not be 4 Homicide determined	building, etc.	. (Specify)		otroot, tuoto	. ,,		-0	City or Town, State)		Or Francis I	tour rearrant
	29e. CERTIFIER			and the second		11000				c = Seann		
	(Check only	SICIAN: To the best of my										COLUMN TO THE REAL PROPERTY.
	2 MEDICAL EXAMIN	ER: On the besie of exam	ination end/or	investigation	on, in my op	dnion, d	eath occured at th	ne time,	dete and place, er	d due to th	e cause(s	i) and manner as stated.
	29b. SKINATURE AND TITLE OF CERTIFIE	ER .	0 0 0				29c. LICENSE N	UMBER	/			(Month, Day, Year)
	XYOU	- STAF	+ PH	151C	IAN		D42	04	0	(0 -	23-94
	30. NAME AND ADDRESS OF PERSON W	COMPLETED CAUSE O	ODV F	M 27) (Type	Print)	5 6	FUD	0	WSU	LIT) 7	0832
	31. DATE FILED (Month, Day, Year)	32_REGISTRAR'S	SIGNATURE	(0-	TUV!	· '	/		. 300	1001	, ,	
ı	HIN 9 0 1004	delia Kais	1 73	nde 82								

permit. Pages 1, 2, 3 should

-
9
9
~
68
\times
ВОХ
m
-
~
0
0
_
S
Ö
2
<u> </u>
0
0
ECO
~
-
ᆛ
4
\vdash
>
LL
\overline{c}
Z
\overline{a}
\simeq
S
==
>

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Tiburs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Miglene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	V VEAG	3. TIME OF DEATH	
	Charles E					June 25,	1994	6:35 p м	
	4. SOCIAL SECURITY NUMBER	200	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI	IPLACE (State or Foreign	
	213-16-2996	1 X M 2 □ F 7	9 YRS.			Feb 25,1	915 Mar	yland	
œ	9a. FACILITY NAME (If not institution, give stre				OR LOCATION OF DI	EATH	9c. COUNTY OF D		
Ē	Maryland Genera	al Hospita	1	Balt	<u>imore</u>		Baltin	nore	
3EC	10a. STATE 10b. COUNTY			TOWN OR LOCA	ION			10d. INSIDE CITY	
0	Maryland Balt:	imore		Balt	imore			1 X YES 2 NO	
M	10e. STREET AND NUMBER		10g. CITIZEN OF	WHAT COUNTRY?					
FUNERAL DIRECTOR	3908 Wabasi				21215		U.S.	Α.	
F	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES				NIC ORIGIN? (Specify Yee in, Puerto Rican, etc.)	or No- 14. RAC Blac	E American Indian, k, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	2 NO Specifi	у:	Spec	lack	
	15. DECEDENT'S EDUCA	ATION	16a. DECEDENT'S L			16b. KIND OF BUS		rack	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	ork done during mo retired.)	st of working	917C3E2C 40 E84			
P.	7th Grade		Auto S	alesma	n	New a	nd Used	Vehicles	
ő	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)		
BE (ore			Mary	, A. Ca	rroll		
5	19e. INFORMANT'S NAME (Type/Print) (Brother)				Route Number, City or Town			
-	Mr Elbren R. Mo	oore Sr.	2118	Ridge	hill At	7e, Balti			
	20e. METHOD OF DISPOSITION 1 W Burial 2 Cremetion 3 Remove	val from State ceme	PLACE AND DATE OF	er niecel			CATION — City or To		
	4 Donation 5 Other (Specify)	G	uilford	Memor	ial Pk.	6/30 Co	lumbia,	Md	
	- 1 2 mg //	71 . 1.		Snow	den Fur	neral Hom	e P.A,	20850	
	CHOKC KI	mound				nington S		ville,Md	
	23. PART i. Enter the diseases, or co ahock, or heart fallura. L	implications that caused list only one cause on az	the deeth. Do no	ot enter the mo	de of dying, suc	h as cardiec or respi	ratory arrest,	Approximate	
	IMMEDIATE CAUSE (Final							Onset and Death	
	disease or condition resulting in death)	Cerebrov			ent			1 day	
		DUE TO (OR AS A	CONSEQUENCE OF)):					
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
¥	If any, laading to immediata cause. Entar UNDERLYING		,	,					
FI	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	¥					
CERTIFICATION	resulting in death) LAST d.					r			
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
PHYSICIAN: MEDICAL						DEDECO	MED?	AWAILABLE PRIOR YO COMPLETION OF CAUSE	
	OF D								
2	pitet	mionia,				-		1 TYES 2 TANO	
N N	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)			
SIC		HOSPITAL: 1 X Inpetient 2 - ER/Output		OTHER:					
Ξ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW I				/ INJURY OCCURED		
ВУ Р	1 Natural 5 Pending	(Month, Day, Year) INJURY WORK? 1 YES 2 NO							
	2 Accident Investigation 3 Suicide 8 Could not be	At home, farm, at	home, farm, atreet, factory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	4 Homicide determined	6 Could not be building, etc. (Specify)							
1 1	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowle	edge, death occurred	at the time, date	end place, and due	to the cause(s) end man	ner as stated.		
¥		: On the beals of examination						e) end manner ee stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU		29d. DATE SIGNED		
BE C	House	STAFF			89190		▶6-25-	A STATE OF THE STA	
٩	30. NAME AND ADDRESS OF PERSON WHO J. Oblena, M.I	COMPLETED CAUSE OF DEA	ryland	Genera		ital			
	31. DATE FILED (Month, Day, Year)				1				
	JUN 2 8 1994	Julia Davidson	fandett.						

S 6

	-34
0	Sic
N	2
0	a
0	00
LC.	P
-	- P
2	at a
T.	6
CA	7
0	Ö
7	108
0	63
1	5
BALTIMORE, MARYLAND 21215-0020	3
m	P
1	ine.
2	E
2	2
2.0	8
1	2
Œ.	E
0	9
5	90
=	Ca
-	-
1	att
V	de
8	声
	3
	50
_	9
	Š
	7
	_
	1
0,	vithin
,09,	d within
3760,	rted within
58760,	scuted within
68760,	executed within
X 68760,	we executed within
OX 68760,	to be executed within
BOX 68760,	ate be executed within
. BOX 68760,	ificate be executed within
O. BOX 68760,	artificate be executed within
O. BOX 68760,	certificate be executed within
P.O. BOX 68760,	ith certificate be executed within
3, P.O. BOX 68760,	leath certificate be executed within
S, P.O. BOX 68760,	e death certificate be executed within
DS, P.O. BOX 68760,	the death certificate be executed within
RDS, P.O. BOX 68760,	hat the death certificate be executed within
ORDS, P.O. BOX 68760,	that the death certificate be executed within
CORDS, P.O. BOX 68760,	res that the death certificate be executed within
ECORDS, P.O. BOX 68760,	quires that the death certificate be executed within
RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within
. RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed within
AL RECORDS, P.O. BOX 68760,	law requires that the death certificate be executed within
TAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed within
ITAL RECORDS, P.O. BOX 68760,	1. The law requires that the death certificate be executed within
VITAL RECORDS, P.O. BOX 68760,	AN: The law requires that the death certificate be executed within
F VITAL RECORDS, P.O. BOX 68760,	ICIAN: The law requires that the death certificate be executed within
OF VITAL RECORDS, P.O. BOX 68760,	YSICIAN: The law requires that the death certificate be executed within
OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed within
N OF VITAL RECORDS, P.O. BOX 68760,	G PHYSICIAN: The law requires that the death certificate be executed within
ON OF VITAL RECORDS, P.O. BOX 68760,	ING PHYSICIAN: The law requires that the death certificate be executed within
ION OF VITAL RECORDS, P.O. BOX 68760,	NDING PHYSICIAN: The law requires that the death certificate be executed within
ISION OF VITAL RECORDS, P.O. BOX 68760,	TENDING PHYSICIAN: The law requires that the death certificate be executed within
VISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
IVISION OF VITAL RECORDS, P.O. BOX 68760,	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within recurs after death. Page 6 may be retained by the hospital or attending physicial

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the reduction of the found of the retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR CERTIFICAT	E OF DEATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH		3. TIME OF DEATH						
1.0	REBECCA JUNE G. MARINER		JULY 03	1994	11:55 Pm						
		ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign						
	216-18-8936 1 M 2 D 72 YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	Count	try)						
		7 70151 00 1 00 710 1 05 0	June 5, 19								
~		Y, TOWN OR LOCATION OF D	EATH	9c. COUNTY OF I							
0		ALISBURY		WICOMI	(CO						
2	HESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN	00100471041		_							
E	The strip to the				10d. INSIDE CITY LIMIT97						
۵		okin			1 THES 2 NO						
X	10e. STREET AND NUMBER	10f. ZIP CODE	274	10g. CITIZEN OF	WHAT COUNTRY?						
	Box 51	21836		U.	S.						
BY FUNERAL DIRECTOR		. WAS DECENDENT OF HISPA			E — American Indian,						
7	1 Never Married 2 Married FORCES7 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben Mexico	sn, Puerto Rican, atc.)	Spec							
	3 Midowed 4 Divorced				hite						
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done	DCCUPATION	18b. KIND OF BUSI	NESS/INDUSTRY							
Ш	Elementary/Secondary (0-12) College (1-4 or 5+)	during most of working	The same								
7	12 Homemak	or	Own H	ome							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		AME (First, Middle, Meiden S								
0	Comucal Daudon Creen										
BE	Samuel Dryden Green	SS (Street and Number or Rural	ca McCla	ne							
2	I SUL MAILING ABOUTE.										
		Manokin,									
	20s. METHOD OF DISPOSITION 1 Devise 2 Commenter 3 Removal from State 20b. PLACE AND DATE OF DISPO		OATE 20c, LOC	ATION City or To	own, Stats						
	4 Donation 6 Other (Specify) Beechwood C	emetery	7/6 Pr.	Anne.	Marvland						
- 4	22 BIGHATURE OF FUNERAL SERVICE LICENSEE	. NAME AND ADDRESS OF FA	KCILITY								
	DU OU	Hinman Fu									
	23. PARTI, Enter the diseases, or complications that caused the death. Do not enter	11673 Som	erset Ave	Pr.							
3	ahock, or haart failure. List only one cause on each line.	or the mode of dying, suc	on as cardiac or reapin	atory arrest,	Approximata Interval Between						
	IMMEDIATE CAUSE (Final		, ~	_	Onset and Death						
	disease or condition resulting in death)	ence,	Melan	fu.	las						
	THE TO LOR AS A CONSEQUENCE OF):	_			1/10						
Z	one one	ko.									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):										
8	cause. Enter UNDERLYING										
Ē	CAUSE (Disease or Injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):										
F	resulting in death) LAST										
8	0.										
AF	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
DICAL	PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUS										
ME	1 YES 2 NO OF DEATH?										
					1 123 2 100						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
2		HOSPITAL: OTHER:									
75	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rsing Home 5 - Residence									
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJURY OCCURED								
BY	2 Accident Investigation	1 YES 2 NO									
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, term, street, fer building, etc. (Specify)	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	4 Homicide determined Building, atc. (Specify)										
2	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the	time, data and place, and due	to the cause(s) and mann	or so stated							
2	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my				e) and manner as stated						
8	24-2	opinion, death occurred at the	rune, outs and prace, and	ode to the cause(o) and memor ss stated.						
BE	250. BIGNATURE AND DITCE OF CERTIFIER	29c. LICENSE NU	MBER /9	29d. DATE SIGNE	(Month, Day, Year)						
6	///////	1927	17/	1/57	90/						
F	36. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		^	-	/ .						
	William Robins 1/011 Her	1+4 100 V	DR SAI	ic Ru	cv Ms						
	31. DATE FILEO (Month Day Year) 32 REGISTRAD'S SIGNATURE	· · · · · · · · · · · · · · · · · · ·	2,41	121141	10/0						
	JUL 06 1994 July dimension navan				4						

e was a recorded Det in the

BALTIMORE, MARYLAND 21203-3146	A 24 Casts after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s, as after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND C		TMENT					YGIEN	E			
	1. DECEDENT'S NAME (First, Midd	le, Last)		45					2. DATE OF				3. TIME OF DEAT	н
	LI	LLY	GERTE	UDE		1	NELS	ON	July	5,		YEAR	9:20	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER		IF UNDER		7. DATE OF	BIRTH	Ī	8. BIRTH	IPLACE (State or For	reign
	215-16-8597	1 🗆 M 2 🔀 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Di		916	Mar	yland	
	9a. FACILITY NAME (If not institution	on, give street and number)			9b. CITY,	TOWN C	R LOCATI			1/ 1		TY OF D		
<u>د</u> ا	Home - 26388	Burton Aver	ານຄ		Cri	sfi	eld,	MD			Sc	mers	set	
DIRECTOR	RESIDENCE OF DECEDE	ENT										11101	,	
	10s. STATE 10b. COUNTY 16c. CITY, TOWN OR LOCATION												10d. INSIDE CITY LIMITS?	
													1 YES 2 X	NO
FUNERAL										10g. CITI	ZEN OF V	WHAT COUNTRY?		
55	26388 Burton	Avenue					21	817				U.S	5.A.	
5	11. MARITAL STATUS	FOROSCO	NT EVER IN U.S. A						IC ORIGIN? (S		or No-	14. RACE	E — American India k. White, etc.	n,
BY F	1 Never Married 2 Marri 3 Widowed 4 X Divorced		WAR OR DATES	Į.o			2 XNO			11, 000-1		Spec	Hy:	
		<u> </u>	10000						· ·				White	
COMPLETED	15. DECEDEN (Specify only high	T'S EDUCATION est grade completed)	16a. D	Sive kind of	work done one retired.)	Juring mo	ON at of world	ng	16b. KII	ND OF BUS	SINESS/IND	USTRY		
"	Elementary/Secondary (0-12)	College (1-4 or 5	+)											
M	Grade 10		- Env	ronm	enta:	<u>Se</u>					na Ho	me_		
	17. FATHER'S NAME (First, Middle, Robert Sterl)						2000		ME (First, Midd		Surname)			
띪	19a, INFORMANT'S NAME (Type/Pi								y Long					
2	Linda McCart	,							Route Number, Crisf			218	217	
1. 1					SITION (Na				CLISI		CATION -			
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3		other p	viace)									- The state of the	
1 1	4 Donation 5 Other (Spec		_ Sunn	yriad	e Mer		D ADDRE		CHITY	<u> </u>	risfi	ета	MD	
		V. Beacles	aw.	2					ns Fun	eral	Home	2		
	Robert H.	Bradshaw,	r.		30	06 W	. Ma	in S	t C	risf	ield.	MD	21817	
	23. PART I. Enter the disease shock, or heart	ses, or complications the failure. List only one car			not enter	the mo	de of dy	Ing, suc	h as cardiac	or resp	ratory an	rest,	Approximation intervel Be	
	IMMEDIATE CAUSE (Final								6	- 1			Onset and	
	disease or condition resulting in death)	· Ca	o ION AS A CONSE	n	esp	vi	2	~	7 8	الت	er-	e.		
		DUE TO	O (OR AS A CONSE	EQUENCE O	al: g) (1	0				
Z	Sequentially list conditions,	T. Ca	lon	Ca	~ 0		au	a	WY	the			-	
ΙĔΙ	if any, leading to immediate cause. Enter UNDERLYING		O (OR AS A CONSI	OUENCE C	MF):		mu	60	03 40	ch!				
2	CAUSE (Disease or Injury	\$ c	O (OR AS A CONSI	COLUMNOS A	wn.								-	_
E	that initiated events resulting in death) LAST	July 1	o (on an a some	idoemoe o	7.0									
CERTIFICATION		g											1	
A A	PART II. Other significant or	onditions contributing t		1-0-1		The second second		given in	Part I. 24	e. WAS AN	AUTOPSY MED?	240	WERE AUTOPSY FI	
	Malm	white	-,2	ehr	De	24	ion		_ 7	YES 2			COMPLETION OF C	
MEDIC	=				,								1 YES 2	10
									_					
PHYSICIAN:	25. WAS CASE REFERRED TO ME					26. PI	ACE OF	DEATH (CA	wok only one;			_		
S	EXAMINERY 1 YES 2 XNO	HOSPITAL:	☐ ER/Outpatient	3 □ DOA	4 Nun		w sXX w	esidence	€ ☐ Other (S	pacifyl				
Ť	27, MANNER OF DEATH	28e. DATE O	F INJURY Day, War)	26b. TII	ME OF	28c. (N.)	URY AT		28d. DESCR	BE HOW	NJURY OC	CURED		
ВУ Р	1 Natural 5 Pend 2 Accident Inves	ling digation	ATTENDED TO THE STATE OF THE ST				YES 2	NO						
	3 Suicide 6 Coul	28s. PLACE	OF INJURY — At I	ome, ferm,	street, fact	ery, offic			28f. LOCATIO	DIN (Street Ewit, State)	and Number	or Ruwl	Route Number	
COMPLETED		mined	or or the second of						30000					
P.E.	25a. CERTIFIER 1 🔯 CERTIFYIN	NG PHYSICIAN: To the best	of my knowledge, o	leath optiq	red at the t	letre, slate	and place	s, and due	to the cause)	(x) and me	oner an ate	ted.		
MO	2444	EXAMINER: On the busis of	examination and/o	Investigat	ion, in my o	opinion, c	death occu	ared at the	time, dete an	d piece, ar	of due to th	he cause)	a) and manner as a	tated.
	290. SIGNATURE AND TITLE OF	CERTIFIER		1	1		29¢ LIC	ENSE NU	MBER		29d. DAT	E BIONIE	Month, Dec Wer)	
HE		X	\sim_{χ}	,			D.	05	4.2			7	6 91	1
9		MON HIND COMM FATO CO					V	-17	7			-	1 1 100	1

Crisfield, MD

21817

Jesus Evangelista, M. D. - 324 W. Main St.

JUL 0 8 1994

THE THE PARTY OF T

-
0
9/
87
9
-
2
0
10
<u>.</u>
0
Δ.
S
õ
α
ECORE
Ö
ш
œ
_
7
_
>
ш.
ō
-
5
O
S
=
2
-

	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I				_		
	1. DECEDENT'S NAME (First, Middle, Lest) Sarah Esth	er O'K	eefe.	ICATE OF	DEATH	2. DATE OF MONTH		AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, E	BIRTH lay, Year)		8. BIRTH Countr	PLACE (State or Foreign
1	9a. FACILITY NAME (If not institution, give stre	21 0.)	9b. CITY, TOWN	OR LOCATION OF D	May 1	4, L		Wash	ington, DC
DIRECTOR	Brooke Grove Nursing Home Olney Montgo									
IREC	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA						10d. INSIDE CITY LIMITS?
	Maryland Montg	omery	5.		Spring					1 X YES 2 NO
FUNERAL	10,000 Brunswi	10, 000 P 11 1 WC14								
S		12. WAS DECEDENT EVER	IN U.S. ARMED	13, WAS DEC	ENDENT OF HISPA				SA 14. BACE	- American Indian,
ВУ	1 Never Married 2 Married Specify: Nover Married 2 Married FORCES? 1 YES 2 NO If yes, specify Culbum, Married, Pierrie Ricam, etc.) If yes, specify Culbum, Married, Pierrie Ricam, etc.) If yes, specify Culbum, Married, Pierrie Ricam, etc.) Specify:								, White, etc.	
TED	15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DECEDENT'S (Give kind of	USUAL OCCUPATE work done during me se retired.)	ON ost of working	16b, K	NO OF BU	SINESS/INC		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Office			R	ea1	Esta	† o	
Ö	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA				1.6	
BE (Henry A. Lavis	son			Sarah			Due1		
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural					
	Neil L. O'K	eefe								nd 21045
9	1 XBuriel 2 Cremetion 3 Remove	al from State	b. PLACE AND DATE metery, crematory or o	OF DISPOSITION (Na ther place)		DATE		CATION —		
	1 XBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Cedar Hill Cemetery 6/28/94 Suitland, Mary 21. BIGHATURE OF FUNESAL BEHOUSE LICENSEE									aryland
	Mark	11.666		FRANCIS 500 UNI	J. COLI	LINS F	UNERA	L HO	ME, . SP	INC. ., MD 20901
	23. PART I/Enter the diseases, pr cp shock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition	mplications that cause at only one cause on a	d the death. Do i	not enter the mo	de of dying, suc	ch as cardia	or respi	ratory an	rest,	Approximate Interval Between Onset and Death
	resulting in death)a.		A CONSEQUENCE O	F):						loyp
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE D	F):						
_	PART II. Other significant conditions	contributing to death I	but not resulting	In the underlyin	g cause given in	Part I. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
음	. Dream ca i mits					_ ,	YES 2			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	· Myroly when									1 TYES 2 710
ä	Attest truly card	4								
Ö		HOSPITAL:		OTHER:	ACE OF DEATH (C)					
₹	1 YES 2 NO 1	28a. DATE OF INJURY	patient 3 DOA 28b. TIM	- 1	e 5 🗆 Residence					
	1 Natural 5 Pending	(Month, Day, Year)	IN.	URY WO	URY AT PRK? YES 2 NO	28d. DEŞCR	IBE HOW I	NJURY OC	CURED	
D BY	2 Accident Investigation 3 Suicide a Could make	28a. PLACE OF INJURY	Y — At home, farm, i			281, LOCATI	DN (Street a	and Number	or Rumi R	oute Number,
ш	6 Could not be 4 Homicide determined	building, etc. (Spe	cffy)			City or 1	own, State)			one visitori,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:									and manner as stated,
BE	296. SIGNATURE AND TITLE OF CENTIFIER	-			29c. LICENSE NUI D / 872				E SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO		Chies	Print) A D Z	0132					
		1.01	/	1						

C549.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day,

1994

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENT	AL HYGIEN REG. NO.	E		
		NSTEIL	-						2. DATE OF GEATH MONTH DAY DAY QUE A THE OF GEATH A				
	4. SOCIAL SECURITY NUMBER 095-38-5999	5. SEX 1 M 2 XF	6. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DAT (Moi 04-	E OF BIRTH oth, Day, Year) -27-09	6. BIRTHPLACE (State or Foreign Country) POLAND		
TOR	9a. FACILITY NAME (If not institution, give HEBREW HOME OF G	N			OR LOCAT		EATH			9c. COUNTY OF GEATH MONTGOMERY			
DIRECTOR	10e. STATE 10b. COUNT	TGOMERY		10c. CIT	RC		TION						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 6105 MONTROSE RO.	AD			20072								WHAT COUNTRY? STATES
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	IT EVER IN U.S. AR I YES 2 XI MAR OR DATES	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or I If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 ANO Specify:						or No—	No — 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEOENT'S EDI (Specify only highest grade (Specify only highest grade Elementary/Secondary (0-12)		(G	ive kind of . Do NOT u	USUAL OF work done (se retired.)	during me	ON ost of work	ing	16	OWN 1		USTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) MAX GOLDBERG 190. INFORMANT'S NAME (Type/Print)						R	ACHE	L (U	NK .)			
2	HAROLD ORENSTEIN (SON) 10709 VISTA ROAD, COLUMBIA, MD 21044												
	20s. METHOD OF DISPOSITION 1.X Burlai 2 □ Ohymetion 3 □ Rem 4 □ Donetion 9 □ Other (Spootly)	- $/$ $-$	20b. PLACE A						6/		ELPH		wn, State IARYLAND
	21. SIGNATURE OF FUNERAL SERVICE W	n. He	·		DA 11	NZA 70	ROCKY	-GOLI VILLI	DBER E PI	G MEMOR	KVIL	LE.	
	23. PART. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Between												Approximata interval Between Onset and Death
CERTIFICATION												CHRONIC	
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTHOR PERFORMED 1 - YES 2 1/21									MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	EP/Dutmetlant 2	□ pos	отне	1:	LACE OF D						
ву РНУ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	25e. OATE OF (Month, D	INJURY	28b. TIM		28c. INJ WC	URY AT DRK? YES 2		_	er (Specify) ESCRIBE HOW IN	JURY OCC	URED	
8	3 Suicide 6 Could not be determined	26a. PLACE O building,	F INJURY — At ho etc. (Specify)	me, farm,	streef, fect	ory, offic	•		281. LO C/h	CATION (Street e y or Town, State)	nd Number	or Rural A	oute Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of ER: On the basis of e) end manner es stated.
TO BE (allum S. Ma	daran	MD				29c. LIC	1914	MBER 66		29d. DATE	SIGNEO	(Month, Day, Year) 25/94
	30. NAME AND AGORESS OF PERSON WH	RAJG	SE OF OEATH (ITE	27) (Type	Print)	Rac				111/15	Mr	21	2857

000 Annual Control of the Control a fifth of the annual of the entire of the e

1-11-11

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			:KIII	ICALE	OF	DEATH	REG. NO			
	1. DECEOENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		110000	3. TIME OF DEATH
	Pil Ak	Park						June 2	4	1994	7:41 PM
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las	t birthdev)	IF UNDER 1 1	YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH			HPLACE (State or Foreign
	220-13-2541	1 🗆 M 2 💢 F		YRS.	-	DAYS	HOURS MIN,	Mar 10,	1910	Count	orea
	an. FACILITY NAME (If not institution, give s										
l ~ l							R LOCATION OF DE	ATH	4.0	INTY OF E	
DIRECTOR	Shady Grove Adv	entist Ho	spital		Ro	ckv	ille		Mor	ntgom	iery
ਨੂ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	v		I so or	V 70000 00						
<u> </u>	1000 1 1000 100 100 100 100 100 100 100			-	Y, TOWN OR		ION				10d. INSIDE CITY LIMITS?
		gomery		Po	tomac						1 TES 2 NO
₹ I	10e. STREET AND NUMBER					10f.	ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?
监	12730 Glen Mill	. Rd				+	20854			Kore	a
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT I FORCES? 1	EVER IN U.S.AR	MED				IC ORIGIN? (Specify Yes	or No-	14. RAC	E — American Indian,
	1 Never Married 2 Married	IF YES, GIVE WAF	YES 2 1	10	If y	YES	city Cuban, Mexican 2 (2) NO Specify	n, Puerto Rican, etc.)		Spec	MA.
В	3 📉 Widowed 4 🗌 Divorced	2 23 002,000			1	,	e e price opociny			Spec	Korean
COMPLETED	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OCC	UPATIO	N	16b. KIND OF BU	SINESS/IN	DUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	Do NOT u	work done dur se retired.)	ing mos	st of working				
7	12	2	Ho	mema	ker			Own Ho	nme		
₹	17. FATHER'S NAME (First, Middle, Last)		***	Michic							
								ME (First, Middle, Maiden	Surname)		
BE	Young Park						Yo L				
6	19a. INFORMANT'S NAME (Type/Print)							loute Number, City or Tow			
-	Chaiha Kim Rhee		1	.2730	Glen	Mi	11 Rd, P	otomac, M	208	354	
	20e. METHOD OF DISPOSITION 1X Burlet 2 Cremation 3 Ram	and toom State			OF DISPOSITI			OATE 20c. LO	CATION -	City or To	own, Stata
	4 Donation 5/ Other (Specify)	Oval Irom State	Gate	of H	eaven	Ce	metery	Jun 28 S:	ilver	Spr	ing, MD
	21. SIGNATURE OF FUNERAL SERVICE LEC	INSEE			22. NA	ME AN	O ADDRESS OF FAC	Hines/	Rinal	di F	uneral Home
	1	10									Spring, MD
	Welson to lett	ellenge						-			oping, in
1	23. PART I. Enter the diseases, or a shock, or heart failure.	complications that o	aused tha da	ath. Do i	not antar th	a mod	de of dyling, sucl	n aa cardiac or resp	iratory ar	reat,	Approximate
	IMMEDIATE CAUSE (Fine)							A			Interval Batween Onset and Daath
	disease or condition										
	resulting in dasth)	a. DIE TOKO	BAS A CONSE	VIENCE O	+ 1	V	NUOV				100
2.5			- A CONSEC	A .			-1	- Lui	~/		1 7.
CERTIFICATION	Sequantially list conditions,	6 Meras	actic	ca	nee	20	10den	mas &	9/12	uac	- h swell
F	if any, leading to immediata cause. Entar UNDERLYING	0) 01 300	A CONSEC	JUENCE U	r):	4 -					1 - m +
2	CAUSE (Disease or Injury	. C' 0	R AS A CONSEC		MA	U	2				@ Moul
Ē	that initiated events resulting in death) LAST	DOE: 10 (0	H AS A CONSEC	MENCE O	r):						
5		d					<u> </u>				
	PART II. Other significant condition	s contributing to de	esth but not r	esulting	In the unde	rlying	cause given in	Part I. 24s. WAS AN	ALITODEY	1 041	. WERE AUTOPSY FINDINGS
S	MAINIUT	DITIA	21	ood.iii.g	in the dried	,9	cause givan iii	PERFOR	RMEO?	246	AWAILABLE PRIOR TO
EDICAL	7.1/15/001	10110						1 YES 2	PHO		OF DEATH?
M								_			1 TES 2 NO
											a
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL/	ACE OF DEATH (Che	ick only one)			
S	EXAMINER?	HOSPITAL:	R/Outpatient 3	2004	OTHER:	a Mama	5 Rasidenca	8			
Ξ	27. MANNER OF DEATH	28s. DATE OF IN		28b. TIM		g nome		28d. DESCRIBE HOW J	u mient no	CUBED	
	1 Natural 5 Pending	(Month, Day,	1 /A		URY	WOF	RK?	200. DESCRIBE NOW	1	Z	
BY	2 Accident Investigation		/ / 11	L			ES 2 NO	4	1 1	L	
0	3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF 6 building, at	Specify)	me, farm.	street, factory	, offica		28f. LOCATION (Street : City or Town, State)	and Number	or Rural	Route Number,
COMPLETED	Tromicide datarmined		^	V 1	11						
7	29a. CERTIFIER (Check only	CIAN: To the best of m	r knowledge, de	ath occur	ed at the time	, date	and place, and due	to the cause(a) and mar	nner se ste	ted.	
₹	one) 2 MEDICAL EXAMINE										s) and manner as stated
			Λ	272/2017	, -511	of the					1
H	296. SIGNATURE AND WILE OF CERTIFIER	(R	11.				29c LICENSE NUM	BER	29d. OAT	TE SIGNED	Month, Day, Year)
0	Mari	1 (1)	2/10	n			041	570		61	25/94
-	30. NAME AND ADDRESS OF PERSON WA	O COMPLETEO CAUSE	OF OEATH (ITE		Print) M	AR	Y 6 BO	FFO.N			
	Lambordi Cancer	center, Si	rite 23	0.9	715 M	red	cal Cli	ralline 1	Bock	ville	Md 70852
ĺ	31. DATE FILED (Month, Day, Year)	932, REGISTRAR	SIGNATURE	25						y 1. 10	
	JUN 2 8 1994	grana Davide	on-Hand	عاقال							

Tool, 19

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

JUN 2 8 1994

а	sp									91	; 2	0858
	1 - FOR STATE REGISTRAR	STATE OF N		DEPAR					MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF OEAT	H DAY	YEAR	3. TIME OF DEATH
	DEBORAH LYNN 4. SOCIAL SECURITY NUMBER	PEPP 5. SEX									994	11:45 R
	224-19-8896	1 M 2 TX	6. AGE (In yrs. la 30	YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year 3-3-64		Count	HPLACE (State or Foreign lry) necticut
	9a. FACILITY NAME (If not institution, give st				9b. CITY	, TOWN C	R LOCATIO	ON OF DEA		9c. CO	UNTY OF D	
l e	CRAIN HIGHW	AY			W	ALD	ORF			C	HARI	ES CO
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN C	R LOCAT	ION					10d. INSIDE CITY
	Va. King	George					K	ing	George			LIMITS?
FUNERAL	7402 McDaniels Rd	•				101	ZIP CODE		485		USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 V	RMED NO	1 2	If yes, sp	ENDENT O	n, Mexican	C ORIGIN? (Specific, Puarlo Rican, etc.	y Yes or No—	14. RACI Blec Spec	E — American Indian, kk, White, atc. White
<u>B</u>	15. DECEDENT'S EDUC (Specify only highest grade		16a, Di	ECEDENT'S	USUAL O	CCUPATIO	DN .		16b, KIND OF	BUSINESS/II	NOUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +		Bive kind of a B. Do NOT us T.J.o.f. to	work done (se retired.)	during mo	st of working	g	35050	Resta	urant	
MP	17. FATHER'S NAME (First, Middle, Last)			Walt	1622							
									NE (First, Middle, Ma			
BE	Kenneth Pepper 19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a		Gail or Rural Ro	Bradle		čip Code)	
유	Kenneth Pepper								Arlingto)7
	20s. METNOD OF DISPOSITION 1 □ Burial 2 to Cremation 3 □ Rame	oval from Stata	20b. PLACE cemetery, cri	AND DATE	OF DISPOS					LOCATION -		
	4 Donation 5 Other (Specify)		Nort	hern	Va.					rling	ton V	la.
	21. SIGNATURE OF FUNERAL SERVICE LIC	L R	use						eral Hom		gton	Va.
	23. PART i. Enter the diseases, or c shock, or heert failure. I IMMEDIATE CAUSE (Finel disease or condition	omplications the	ceused the dise on each line	eath. Do i					aa cardiec or n	eapiratory a	rreat,	Approximate Interval Batween Onset and Death
	resulting in death)	DUE TO	(OR AS A CONSE	OUENCE D	F):	ing	pre	1				
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE O	F):							
RTIFIC	CAUSE (Disease or Injury that initiated events reaulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	f):							
2	PART il. Other significent condition	s contributing to	death but not	resulting	In the un	deriving	causa o	iven in F	Part i. 24s. Will	S AN AUTOPS	y 241	. WERE AUTOPSY FINDINGS
MEDICAL	-								1 PEF	REORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ΪżΙ	DID TOBACCO USE C	ONTRIBUTE	TO CAU	SE OF	DEAT		ES 🗆	NO				1X YES 2 NO
KAICIA	EXAMINER?	HOSPITAL:	FR/Outpetient	3 [] DOA	OTHER	₹:			ck only one)			
PHY	27. MANNER OF DEATN	28a. DATE OF (Month, D	INJURY	28b. TIM		28c. INJ	URY AT		Other (Specify) 28d. DESCRIBE H		CCURED	
ВУ Б	1 Natural 5 Pending Investigation	6(28	1-11		J. M	1 🗆 1	RK?	ND	Suljec	flut	162	vehecle
ED	3 Suicide 8 Could not be	28a. PLACE O building,	F INJURY At he atc. (Specify)	ome, farm,	street, fact	ory, offic	1		281. LOCATION (St. City or Town, S	tate)	10	Route Number,
E	29a CERTIFIER			and	Wa	7			Coain Hy		-/-	inkend
COMPLET	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of a				•						westerny, Mery
	29b. SIGNATURE AND TITLE OF CERTIFIER				, at my 0	,		NSE NUM				
9E	Theodore 11	Kuch	4	2				C.M.				23, 1994
일	30. NAME AND ADDRESS OF PERSON WAS	COMPLETED CALL	E OF DEATH //TE	M 27) (Type	Print)							

WNO COMPLETED CAUSE OF DEATH (ITEM 27) Type Print) Penn Street, Baltimore,

1822, REGISTRAR'S SIGNATURE
THE AMERICAN

Maryland

BALTIMORE, MARYLAND 21215-0020

-	
9	
-	
89	
ВОХ	
Ö	
o.	
Ö	
ص	
S	
Ω	
H	
8	
RECOR	
œ	
AL	
Z	
Ξ	
>	
G	
\leq	
Z	
9	
S	
≥	

e MUST 1116

MEDICAL

PHYSICIAN:

BY

ETED

COMPL

BE

31. DATE FILED (Month, Day,

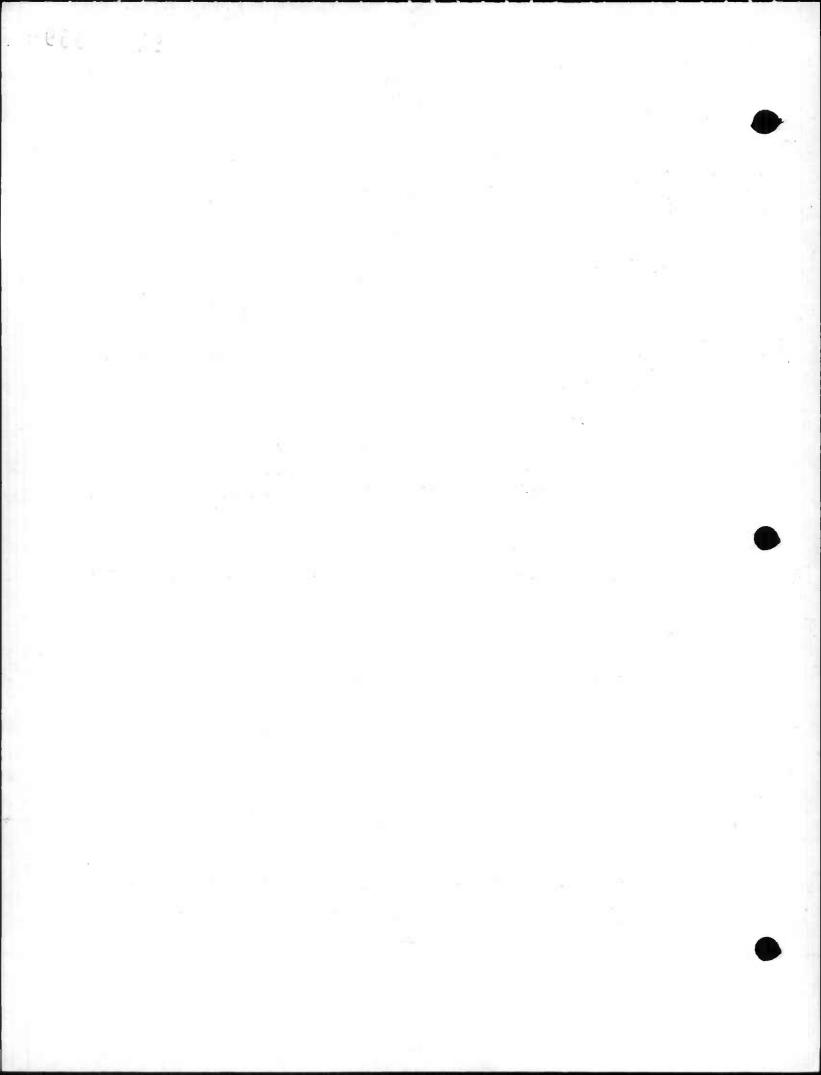
JUN 2

9 1994

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF OEATH Poff Jeanette June 26, 6:45 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, Feb 3, 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS 1 - M 2 XXF MONTHS DAYS HOURS 316-42-2049 50 Indiana 9a. FACILITY NAME (If not Institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3307 Sir Thomas Drive #24 Silver Spring Montgomery RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3307 Sir Thomas Drive #24 20904 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No -14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 XX Merried If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 TYES 2 XXVO Specify: Specify: 3 Widowed 4 Divorced White 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION ecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Specify Elementery/Secondery (0-12) College (1-4 or 5+) 12 0 Purchasing Agent Dept. of Navy-Federal Govt 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Francis Daugherty Hazel Ritchie t9e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marvin E. Poff 3307 Sir Thomas Drive #24 Silver Spring, MD 20904 20a, METHOD OF DISPOSITION
1 (A Buriel 2 | Cremetton 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State cemetery, cremetory or other piece)
Cresthaven Memorial Gardens 4 ☐ Donation 5 ☐ Other (Specify) Bedford, Indiana 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Ave Silver Spring, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daath) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. AWAILABLE PRIOR TO COMPLETION OF CAUSE aignoge t TYES 2 MINO OF OFATH? 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 TNO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28e, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 YES 2 NO Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29e. CERTIFIER (Check only one)

2 MEDICAL EXAMINES: On the best of my knowledge, death occurred at the time, date end pieca, and due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(s) and men 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mont). Day. Year)

28 19c 82. REGISTRAR'S SIGNATURE wia Davidson- Mandall



BALTIMORE, MARYLAND 21215-0020

	,
-	
9	
9289	
∞	
9	
h 4	
BOX	
\cap	
\simeq	
Щ	
P.0	
٧.	
ο.	
-	
- 5	
(V)	
\cap	
=	
ш	
RECORDS	
π	
U	
ш	
~	
helm	
TAL	
-	
~	
_	
-	
OF/	
$\overline{}$	
U	
_	
4	
\cap	
\simeq	
S	
='	
>	

9

30. NAME AND ADDRESS OF PERSON

1994

31. DATE FILED (Month, Day, Year)

JUN 2

	3 shoul		
te be executed within 24-Nours after death. Page 6 may be retained by the hospital or attending physician.	e as the burial-transit permit Pages 1.2		
ge 6 may be retained by the hospital or a	lirector, page 5 should be detached for us		r milet he notified at once
d within 2+ hours after death. Pa	mpletely filled in by the funeral	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event the medical examine
PHYSICIAN: The law requires that the death certificate be executed within 24%	the attending physician and co	Mental Hygiene prior to burial	niury or other traumatic
SICIAN: The law requires that t	certificate has been signed by	the State Dept. of Health and	or item 23 shows any i
TO THE HOSPITAL DR ATTENDING PHYS	ERAL DIRECTOR: After	be filed within 72 hours after death with	IMPORTANT: If item 28 le marked
TO THE HO	TO THE FUN	be filed with	IMPORTAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, 2. DATE OF DEATH 3. TIME OF DEATH PLON E YEAR June 20, 1994 4:00p M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
Aug. 25, 1927 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 579-30-7424 1 🗌 M 2 😾 F 66 Washington, DC 9e. FACILITY NAME (If not inetitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Nursing Home Silver Spring Montgomery RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY Maryland Montgomery Gaithersburg 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 18710 Barn Swallow Terrace 20879 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 N Merried ВУ 1 TES 2 NO Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 11 Secretary Geological Survey 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Ralph Woltz BE Margaret Hoe 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jon L. Roberts 1465 Westkey Parkway, Frederick, MD 21702 20e. METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removal from State
4 ☐ Donetion 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State State Veterans Cem. 6/24 Cheltenham, Maryland 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LIGHTSEE DeVol Funeral Home 10 East Deer Park Drive Gaithersburg, MD 20877 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fallure. List only one cause on each line. Approximate intarvai Betwe IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ resulting in death) CERTIFICATION Sequantially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST lea PART II. Other significant conditions PHYSICIAN: MEDICAL resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES I THO om map all aneur do 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINERY 1 YES 2 NO HOSPITAL OTHER: B III DOA se 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, War) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281, LOCATION (Street end Number or Rural Route Number, City or Town: State) COMPLETED 6 Could not be 4 Homicide determined 29e. CERTIFIER 1 VCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner as stated. 295. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 12 WW 20 20 9 6

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE whia Davidson-Mandell U.

	۰
C	
8	
~	ľ
∞	
9	
×	
0	
m	
, P.O. BOX 68760	١
oi.	ì
\sim	
₾.	
-	
S	
α	
0	
O	
ĭii	
~	
Libra .	
_	
⋖	
\vdash	
=	
<u>_</u>	
1 OF VITAL RECORDS,	
7	
2	
\subseteq	
DIVISION	
=	
_	

296. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

JUN 3

TREHAN MY

0 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3. REGISTRAR'S SIGNATURE Felia Savidson Randelle

Edmonston

BE

2

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH CLARA M. PERKINS JUNG 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 F 217-32-1933 Nov. 17, 1902 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Holy Cross Hospital Silver Spring 10c. CITY, TOWN OR LOCATION Maryland Montgomery Silver Spring permit. FUNERAL 10e. STREET AND NUMBER 10f. 7tP CODE use as the burial-transit 9411 St. Andrews Way 20901 ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 — YES 2 NO Specify: **BALTIMORE, MARYLAND 21215-0020** FORCES? 1 YES 2 1 Never Married 2 Married BY 3 X Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet Elementary/Secondary (0-12) be detached for Teacher 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 16 John Elias Bronson Mina BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Diane J. Boydell 711 West G Street Ontario. pe 20a. METHOD OF DISPOSITION
1 □ Burial 2 ※ Cremation 3 □ Ram 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must 4 Donation 6 Other (Specify) Metropolitan Crematory 6/29/94 Alexandria, Virginia examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., MD 20901 and completely filled in by the medical 23. PART I. Enter the diseases, or complications that course the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line ation, or IMMEDIATE CAUSE (Final the disease or condition resulting in death) ASPIRATION PNEUMONIA event, crem OUE TO (OR AS A CONSEQUENCE OF): FAILURE bunal, RESPIRATORY traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) prior to If any, leading to immediate cause. Enter UNDERLYING attending physician CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): Mental Hygiene that initieted events resulting in death) LAST the th PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL een signed by the of Health and N shows any has been PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, this certificate State HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) OR ATTENDING PHYSICIAN: 1 TYES 2 THO etlent 2 - ER/Outpetlent 3 - DOA 6 the 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with Natural 5 Pending investigation 1 YES 2 NO BY DIRECTOR: After the hours after death v 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 ls 6 Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If Item 2 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, deta and piece, and due to the cause(s) and manner as stated.

CERTIFICATE OF DEATH

29c. LICENSE NUMBER

033224

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG NO 3. TIME OF DEATH 1994 09:024 a. BIRTHPLACE (State or Foreign Massachusetts 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY 1 TYES 2 TO NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY Education McFaden California 91762 20c. LOCATION -- City or Town, State interval Batween **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 HO OF DEATH? 1 TYES 2 NO

29d. DATE SIGNED (Month, Day, Year)

Rockvelle MD 20852

QUNE 28, 1994

oî.
9
6876
œ
9
_
<u>~</u>
BOX
m
_
o .
P.0
0
S
0
7
T.
0
RECORI
ĭ
~
4
ITAL
>
OF
0
~
~
0
ISION
S
_
_
$\overline{\Box}$
_

		1 - FOR STATE OF REGISTRAR	MARYLAND / DI	EPARTMENT OF H	IEALTH AND I	MENTAL HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Lest) Elsie M	ae	Perry		2. DATE OF DEATH MONTH June 25	1994ar	3. TIME OF DEATH 10:50 A
D		4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 □ F	6. AGE (In yrs. lest bir	rthday) IF UNDER 1 YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 27, 1907		
3 should	œ	9a. FACILITY NAME (If not institution, give street and number)	0	Carlot Control Control	OR LOCATION OF OE		9c. COUNTY OF DE	
ν,	DIRECTOR	Berlin Nursing & Rehabilitation		Berl			Worcest	
permit. Pages 1.	DIRE	Maryland Wicomico	1	oc. CITY, TOWN OR LOCAT Salisbur				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
sit perm	RAL	Naylor Mill Village		101	2 180 1		USA	IAT COUNTRY?
020 physician. bunal-transit	FUNER	11. MARITAL STATUS 12. WAS DECEDE	ENT EVER IN U.S. ARMET		ENDENT OF HISPAN	IC ORIGIN? (Specify Yes or	No- 14. RACE	- American Indian, White, etc.
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physician the funeral director, page 5 should be detached for use as the bunial-trainal.	B		WAR OR DATES		2 XNO Specify		Specify Wh:	
2121	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 1)	(Give A	DENT'S USUAL OCCUPATION kind of work done during mo NOT use retired.)	ON st of working	16b, KIND OF BUSIN	IESS/INDUSTRY	
AND 2 the hospital detached fo	COMPL	6		amstress		Shirt	factory	
YLAND by the hospit be detached at once.	_	17. FATHER'S NAME (First, Middle, Last)				AE (First, Middle, Melden Su		
MARY retained b 5 should b	BE	George (unk) Par	SONS 19b. M	AILING ADDRESS (Street a		e (unk)	Russ	
E, M. y be reta page 5 st	2	Raymond Carey				bury, MD 2		
ALTIMORE, i leath. Page 6 may be funeral director, page xaminer must be i		20s. METHOD OF DISPOSITION 1 № Burlal 2 □ Cremation 3 □ Removal from Stata 4 □ Donation 5 □ Other (Specify)	20b. PLACE AND cemetery, cremate	ory or other place) Church Cen	me of		TION — City or Tow	1100
ALTIMOR death. Page 6 ma e funeral director, gal. as.		21. SIGNATURE OF FUND DL SERVICE LICENSEE		22. NAME AN	ID ADDRESS OF FAC	HLITY	lisbury,	MD
BALTIMON after death. Page 6 in by the funeral director amoval.		John Hall	sual!			eral Home 1 Rd., Sali	isburv. N	4D 21801
n 24 hours aft ly filled in by ation, or remo		23. PART I. Enter the diseases, pr complications the shock, pr heart feliure. List only one collimate cause (Final disease pr condition resulting in death)	suss/on each line.	Do not enter the mo-	de of dying, auch	aa cardiac or respirat	tory arrest,	Approximate
B 5 - 6	Z	DUE T	O (OR AS A CONSEQUE	NCE OF):	Inte	nios cl	8	76
be ex	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	O (OR AS A CONSEQUE	e				
S, P.O. B(death certificate e attending physiental Hygiene pri	CERTIF	that initiated eventa resulting in death) LAST	O TOR AS A CONSEQUE	NCE OF				
ADS at the d by the nd Me	뒫	PART II. Other aignificant conditions contributing t	o death but not reau	ilting in the underlying	cause given in i	Part I. 24a, WAS AN AU PERFORME		VERE AUTOPSY FINDINGS
w requires that been signed by pt. of Health and shows any	EDIC	Jen: 11 3	2 1	* Per 4	Lube	1 TYES 2	NO E	COMPLETION OF CAUSE OF DEATH?
> 0	N: M		7			-		TES ZAJ NO
一年 皇皇 是	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 postlert 2			ACE OF DEATH (Che			
SICIAN: certifican the st	HYS	27. MANNER OF DEATH 26s. DATE O		b. TIME OF 28c. INJ	URY AT	28d. DE\$CRIBE HOW INJU	URY OCCURED	
NG PHYS frer this ceath with	ВУ Р	1 Netural 5 Pending (Month, 2 Accident Investigation	Day, Year)		RK? 'ES 2 NO	500 STILL		
TTENDI TTENDI TTOR: A after d		3 Suicide 6 Could not be 4 Homicide determined	OF INJURY — At home, a, etc. (Specify)	farm, streel, factory, office		281. LOCATION (Street and City or Town, State)	Number or Rural Roo	rte Number,
보장	COMPLETE	29s. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the best of						and manner as stated.
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: IL	BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM		9d. DATE SIGNED (A	
5 5 3 M	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	ISE OF DEATH ATTE	D. Character	D020	26	•	
		Federico G. Arthes		cean Pines	Berlin,	MD 410-64	1-6363	
Ь		31. DATE FILED (Month, Day, Your) JUN 2 9 1994 Julia	Saudian Rand	Luc				

56.1.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

VITENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death, Page 6 may be retained by the hospital or attending physician.	TOB: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certi	IMPORTANT: If Item 28 is marked, or

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SINIE UT W	ARYLAND /	ERTIF						IYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)		77:						2. DATE OF MONTH		IA.	YEAR	3. TIME OF DEATH	
	MAE	J.		EART					JUNE			94	11:41	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX 1 X M 2 F	8. AGE (In yrs. let	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF 1 (Month, De	ly, Year)	040		IPLACE (State or For	ign
	215-20-1723 Se. FACILITY NAME (If not institution, give	<u> </u>	70	rna.	Oh CIT	TOWN C	R LOCATIO	0N 05 00	FEB.	1/,	918	NTY OF 0		
DIRECTOR	PENINSULA REC					,	BURY		EAIRI			OMI		
ŒC.	10e. STATE 10b. COUNT	ГҮ		10c. CIT	Y, TOWN	OR LOCAT	ION					-	10d. INSIDE CITY	
	MD.	WICOMI	00		SALI	SBUF	RY						1 YES 2 1	ю
FUNERAL	100. STREET AND NUMBER 28747 OC	EAN GATEW	AY			101	ZIP CODE	180°	1			IZEN OF V	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		EVER IN U.S. AF			Il yea, sp	ecify Cube	n, Maxica	IIC ORIGIN? (S n, Puerlo Rice v:		or No—		E — American India: k, White, atc.	١,
윤	15. DECEDENT'S ED			CEDENT'S				ю	16b. KII	ND OF BU	SINESS/INC	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	MASTER EQ	life	. Do NOT u	oo retired.)			•	RE	TIRE	D(BD.	OF	ED. WORD	. C
CO	17. FATHER'S NAME (First, Middle, Last)	BRICE A.	JENKIN	S			16. MOTE	IER'S NA	ME (First, Midd BES	SIE	Sumame) CARRO	DLL		
TO B	190. INFORMANT'S NAME (Typo/Print) REGINALD PEART		19	ADDF	RESS	s (Street e SAM	nd Number	or Rural I	Ploute Number, (City or Tow	n, State, Ziç	Code)		
	20e. METHOD OF DISPOSITION 1	noval from State	20b. PLACE cemeters R	AND DATE	OF DISPOS	SITION (Na	me of Va Pk	۲.	7-6	SA	CATION — L ISBU	JRY,	MD. 2180	1
	21. SIGNATURE OF FUNERAL SERVICE L		ley	5	Jo	JETE EN		IUK I	AL CHA RY, MD			3 JEF	RSEY ROAL),
ATION	23. PART i. Enter the disease, or shock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Pulm DUE TO	se on each line	The	ml					or respi	atory and	Tout,	Approxims Interval Be Onset and	tween
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	OR AS A CONSE	OUENCE O	F):									
MEDICAL	PART ii. Other significant condition							given in		PERFOR		24b	WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CO OF DEATH?	USE
z	DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF	DEAT	ГН Ү	ES 🗌	NO					1	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only one)					
148	1 JES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 X		_	4 🗆 Nur	sing Hom		sidence	6 Other (S)	-				
BY P	1 Natural 5 Pending	(Month, Da	ry, Year)		M	1 🗆 1	RK? YES 2] NO	26d. DEŞCRI	BE HOW I	NJURY OC	CURED		
ED	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE Of building.	F INJURY — At ho etc. (Specify)	ome, larm,	street, lac	tory, offic			281. LOCATIO	ON (Street o	and Number	r or Rural I	Route Number,	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY: 2 MEDICAL EXAMIN	BICIAN: To the best of ER: On the basis of ax											s) and manner as etc	ited.
O BE	296. SIGNATURE AND TITLE OF CERTIFIE Theoder	1. King	· , n (٥.			29c. LICE		ABER 1.E.				01, 1994 01, 1994	1
	30. NAME AND ADDRESS OF PERSON W	KING	111			ree	t, I	Bali	timor	e, M	lary	land	1 21201	
	31. DATE FILED (Month, Day, Year) JUL 05 199		avideor A	ardell										

CC D

본

BY

COMPLETED

開

2

or attending physician.	r use as the burial-transit permit. Pages 1, 2, 3 short	
G PHYSICIAN: The law requires that the death certificate be executed within 24-reurs after death. Page 6 may be retained by the hospital or attending physician.	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be class. Or Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HYSICIAN: The law requires that the death certificate be execute	this certificate has been signed by the attending physician and completely filled in by the it with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ked, or item 23 shows any injury, or other traumatic
TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After the filed within 72 hours after death w	IMPORTANT: It item 28 is mark

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Baby Vetty 10:32 P. M (zir -twin 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State 1 M 2 9a. FACILITY NAME (If not institution, give street end no TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hospital Cent Vrince DIRECTOR JEOTGES Prince wever RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY IOc. CITY, TOWN OR LOCATION 10d. INSIDE CITY zeorges Ma nce ndovel 1 YES AND FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE log. CITIZEN OF 2256 WHAT COUNTRY? Ant-102 USA 10 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yee, specify Cuban, Mexican, Puerto Rican, atc.) 14 RACE American Indian, Black, White, atc. Mever Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 2 Married BY 1 YES 2 NO 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maigen Surname)

Demetria Stowes Pert lova Franci BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Numi 2 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Entar the diseases, or complications that causad the death. Do not entar the mode of dying, such as cardiac or respiratory errest, Approximste ahock, or haart fallura. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition RESPIRATORY reaulting in death) MEDICAL CERTIFICATION Sequentially list conditions, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): regulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL. 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Ho ne 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the filme, data and place, and due to the cause(a) and menner as stated. 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and my

29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (Type, Print)

Isabel to tarola 1/rince acorges 31. DATE FILED (Month, Day, Ye. Year)

32. APRISTRANG SIGNATURE
Julia Davidson-Randall

29d. DATE SIGNED (Month, Day, Year) 7-10-94

ď.,

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Mightle, Last)

1 -

m	
68760,	
BOX 6	
P.O.	
RECORDS,	
TAL	
OF VI	
DIVISION	
2	1

"B 3. TIME OF DEATH le. trun 500 aby YEAR a a M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1, | J# 2 | F 1 D.9 L 7 Ma the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should PA. FACILITY FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hospita Chevert DIRECTOR woki reorass Vrince Georges RESIDENCE OF DECEDENT 10e. STATE 10b/QOUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY rince Jeurges maover 1 YES 2 NO FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE 19g. CITIZEN OF WHAT COUNTRY? 2256 briamseat 20785 US within 24 nours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, stc. Never Merried 2 Married If yee, specify Cuban, Mexican, Puerto Bi IF YES, GIVE WAR OR DATES ВҰ 1 YES 2 NO Specify: 3 Widowed 4 Divorced BIACK COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+1 once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) loya Francis notified at remetria BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of 2 8 20e. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremation 3 □ Removal from State must 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the fion, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ahock, or heart feliura. List only one ceuse on each line interval Between IMMEDIATE CAUSE (Final Onset and Death Hygiene prior to burial, cremation, disease or condition ESPIRATORY FAILURE completely resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) executed 1MATURITY CERTIFICATION and Sequentistly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING attending physician certificate be CAUSE (Disease or Injury that initisted events 23 shows any injury, or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST After this certificate has been signed by the atterdeath with the State Dept. of Health and Mental PART II. Other algnificant conditions contributing to desth but not resulting in the underlying causa given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? that PERFORMED? 1 ☐ YES 2 ☐ NO 1 YES 2 NO PHYSICIAN: WB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? llem 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 6 Other (Specify) marked, or 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation В 1 YES 2 NO THE FUNERAL DIRECTOR: After filed within 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, tactory, office building, stc. (Specify) 3 Suicide 28 is COMPLETED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined llem 2 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the ceuse(e) and menner ee stated. MPORTANT: If 2 __ MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) M.D 1727628 -11-94 23 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27), Type, Print) 30. NAME AND ADDRESS OF Isabeh Prince Georges Hospital Center, Cheverly, Frattarola. 32. MEGISTRAP'S SIGNATURE Julia alburilion-Randall 8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

59 11 13

0	1
<u></u>	
-	
00	
9	
\times	
0	
P.O. BOX 6876	
_	
0	
Ξ.	
п.	
-01	
2	
ш	
<u>u</u>	
RECORI	
C	
ш	
œ	
_	
=	
4	
OF VITAL	
la .	
$\overline{}$	
0	
Z	
Ō.	
=	
S	
5	
DIVISION	

31. DATE FILED (Month, Day, 1994

	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO			
į	1. DECEDENT'S NAME (First, Middle, Last)	1 Reilly				2. DATE OF DEATH		YEAR 3. TIME OF DE	ATH #
		SEX & AGE (III	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or	Formian
	591-22-9957	□ M 2 🖾 F	93 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Feb. 12,		Country)	, or orgin
	Se. FACILITY NAME (If not institution, give street	t end number)	,,	9b. CITY, TOWN	OR LOCATION OF DI		-	TY OF DEATH	
CTOR	Shady Grove Adventi	lst Hospital		Rockvi	.11e		Mon	tgomery	
DIREC	10e. STATE 10b. COUNTY		10c, CIT	, TOWN OR LOCA	ITION			10d. INSIDE CI	TY
	Maryland Montgo	mery	Ga	thersbu	ırg			1 🔀 YES 2	NO
7AL	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY	
	19310 Clubhouse Ro	oad #219 2. WAS DECEDENT EVER IN 1	ILS ADMED		Maryland			S.A.	
LONEL	1 Never Married 2 Merried	FORCES? 1 YES	2 X NO	if yes, s	pecify Cuban, Maxica S 2 🔯 NO Specif	IC ORIGIN? (Specify Yes in, Puerto Ricen, etc.)	or No	14. RACE — American In Black, White, etc.	dlen,
	3 🔀 Widowed 4 🗌 Divorced	IF 1ES, GIVE MAN ON DAT	C 3	1 1 1 16	S Z [Z], NO Specif	r:		Specify: White	2
2	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION mpleted)	16a. DECEDENT'S (Give kind of v	vork done during m	ION ost of working	16b. KIND OF BUS	SINESS/INDU	USTRY	
7,4		College (1-4 or 5+)	life. Do NOT us	•					
COMP	12 17. FATHER'S NAME (First, Middle, Last)		Homemal	cer	40 MOTHER'S NA	Own Ho		20	
Ŭ	Frank Dibble					Frisbie	Surremen		
0 0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow	n, Stete, Zip (Code)	
=	Bernice R. Sorg		7605	Stewart	: Hill Ro	ad, Adamst	own,	MD 21710	
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 🏋 Cremetion 3 ☐ Remove	I from State came	PLACE AND DATE (her place)		1		City or Town, State	
	4 Donetion 5 Other (Specify)	Me	tropoli	tan Cre	matory	6/29 Ale	exandr	ria, VA	
	21. SIGNATURE OF PUNERAL SERVE DICER	0				Park Drive	Fune	ral Home	
_	7.0.0	X		Gaith	ersburg,	MD 20877			
	23. PART I. Enter the diseases, or construct, or heart fellure. Lis	nplications that caused it only one cause on each	tha death. Do n ch line.	ot enter tha me	ode of dying, auc	h sa cardiac or reapi	ratory arre		mata Between
1	IMMEDIATE CAUSE (Final disease or condition	CONGE	STILL	HEAR	T FA	HIDE		Onset a	nd Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	NEAK	, , , ,	TLUNC		Ta	ays
_		PARTIA	4L B	DWEL	OBS	RUCTION	/	11 m	onth
음	Sequentially list conditions, if any, leading to immediate	DOE TO (OH AS A C						1000 100	/ O or in
CERTIFICATION	CAUSE (Disease or Injury	PROBAL DUE TO (OR AS A C	BLE	RECU	RKENT	BOWEL	CAN	ICER 10	years
	that initiated events reaulting in death) LAST	DOE TO (ON AS A C	ONSCOUENCE OF	·):					
- 11	DART II Other design								
Ŋ.	PART II. Other algorificent conditions of Dianeles Me	11 1	t not reaulting !	n the underlyin	ng cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY AMILABLE PRIO	OT FI
MEDIC/		llation				1 🗀 YES 2	NO	OF DEATH?	CAUSE
		ONTRIBUTE TO	ALICE OF	DEATH V	/ES CO NO			1 TYES 2	NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	MIKIBOTE TO C	AUSE OF		LACE OF DEATH (Ch				
Sic	EXAMINER?	OSPITAL:	Nent 3 DOA	OTHER:	me 5 - Residence				
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCC	URED	
<u>M</u>	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
9	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif	- At home, term, s	treet, fectory, offi	ce	28t. LOCATION (Street a City or Town, Stelle)		or Rural Route Number,	
1	29a. CERTIFIER	N. To the head of my brands	de de de						
ا تِ	one)	N: To the best of my knowle On the besis of examination							stated.
OMPLE		A /	115		29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Yea	ir)
E COMPL	MA THE AND TEXT OF CERTIFIER	DIAMA	//I /\\						
BE COMPL	mannan	flom,	/W /	<u> </u>	D30	589	MUL	VE 29, 19	794
E COMPL	100 MANE AND ADDRESS OF PERSON WHO COME THAT THE PROPERTY OF T	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, D.	Print) 5236	D30 SHADY	589 GROVE	NUL	VE 29, 19 ROCKVIL	794 1E

9
3
6876
×
BOX
m
<u>.</u>
0.0
щ
S
0
医
CORDS
Ш
8
4
⋖
Ξ
-
_
5
Ξ
DIVISION OF VITAL
2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be activated for use as the burial-transit permit. Pages 1, 2, 3 should be activated by the State Day of Health and Marial Humana actor to burial committee.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGI REG.			
	1. DECEDENT'S NAME (First, Middle, Lust)	2.4	0. //			2. DATE OF GEATI	DAY	YEAR	3. TIME OF DEATN
	JAMES	<i>H</i> ·		RDSON		JUNE	27	1994	7:17 PM
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea		8. BIRTH Countr	PLACE (State or Foreign
	577-03-5468		80 YRS.			June 10,	1914		.C.
<u>_</u>	9n. FACILITY NAME (If not institution, give a			96. CITY, TOWN	OR LOCATION OF O	EATH	9c. COU	NTY OF O	EATN
٥	Shady Grove H	ospital		Gaith	ersburg,		Мо	ntgo	mery
DIRECTOR	10e. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY
	None	None	Wa	shingto	n. D.C.				LIMITS? 1 X YES 2 NO
A	10e. STREET AND NUMBER				Of. ZIP CODE		10g. CIT.	IZEN OF W	YHAT COUNTRY?
FUNERAL	2331 - 40th Str	eet, N.W.			20007		U	.S.A	
<u> </u>	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 TYPE			CENDENT OF NISPAN			14. RACE Black	American Indian, , White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR			S 2 NO Specif		´	Speci	w. White
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b, KIND OF	BUSINESS/INC		WILLE
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during n se retired.)	nost of working				
릴	12		Iron	Worker		Rod	man Lo	cal	Union 201
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mai	iden Surname)		
BE	David R. Richa	rdson			Laura	L. Stout			
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number, City or	Town, State, Zip	Code)	
	Randle David Ri			as # 1					
	1 XBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	ob. PLACE AND DATE	ther place)		1	LOCATION -		
	21. SIGNATURE OF TUNERAL SERVICE LIC		Mt. Comfo		AND ADDRESS OF FA	Con altera	<u>lexand</u>		
	1 21	96/11/				Devol	Funer		
	23. PARY I. Enter the diseases, or o	2/10/			Wisc. Av				
	shock, or heart fellura.	List only one cause on	aach lina.	not enter the m	oda of dying, suc	n as cerdiac or re	spiratory an	rest,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	Jent.		sel					Onset and Death
	resulting in dasth)	a. UE TO (OR AS	A CONSEQUENCE O	F):					Ldays
z		Proce	non						12 day
RTIFICATION	Sequentially list conditions, If any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE O	F):					1
<u>වූ</u>	cause. Entar UNDERLYING CAUSE (Disease or Injury	C							
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):					i 1
Ü		d							
A P	PART II. Other significant condition	s contributing to death	but not resulting	in the underlyle	ng ceuse givan in	Part I. 24s. WAS	AN AUTOPSY	246.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
음							S 2 100		COMPLETION OF CAUSE OF DEATH?
M							/0		1 _ YES 2 _ NO
ÿ	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF						
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	72000 E	OTHER:	PLACE OF DEATH (Ch	, , ,			
£	1 YES 2 YNO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou 28s. DATE OF INJURY			me 5 Realdence	6 C Other (Specify) 28d. DESCRIBE HO	W IN HIEV OC	CHRED	
	1 Netural 5 Pending Investigation	(Month, Day, Year)		JURY W	YES 2 NO	200. 0200.002 110		CONED	
BÁ	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJUR	RY — At home, Jerm,			281. LOCATION (Str		or Rural R	loute Number,
ED	4 Homicide determined	building, site. (op	жеспуу			City or Town, S	tate)		
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	ICIAN: To the best of my kno	wiedge, daath occurr	ed at the time, dar	a and place, and due	to the cause(s) and	manner as ata	ted.	
COMPLET		On the basia of examinati) and manner as stated.
w II	280 SIGNATURE AND TITLE OF CENTIFIE	10			29c. LICENSE NUI	MBER	29d. DAT	E SIGNED	(Month, Day: Meer)
0	(and dr	Ken			1/205	7(1)	1 6	6/2	8199
F	30. HAME AND ADDRESS OF PERSON WH				1101	/		1	
	Dr. Carl Schoenb			ick Rd.	#213, Ga	ithersbu	rg, Md	. 20	877-4005
	31. DATE FILED (Month, Day, Year)	92. REGISTRAR'S SIG							
	JUN 3 0 1554	Jan Walledon	1						District of District
	****								DHMH-16 Rev 1/89

Ta

BALTIMORE, MARYLAND 21215-0020 rous after death. Page 6 may be retained by the hospital or attending physician. In the funeral director, nane 5 should be described for use as the hundulance. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FINERAL PROPERTY.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Allen Gra	y Ruth	- 1			2. DATE OF DEATH DAY		3. TIME OF DEATH 4:46 D	
	4. SOCIAL SECURITY NUMBER 232-58-3589		In yrs. last birthday)		UNDER 24 HRS. DURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 12. 1	8. BIRT	HPLACE (State or Foreign try) t Virginia	
NO N	99. FACILITY NAME (If not institution, give so Shady Grove Adven			Rockville	OCATION OF DE	ATH	9c. COUNTY OF		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LOCATION	j		Hone	10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	gomery	Gai	thersburg 101. ZIF	CODE		10g. CITIZEN OF	1 TYES 2 NO WHAT COUNTRY?	
FUNERAL	9657 Brassie Way	12. WAS DECEDENT EVER IN		13. WAS DECEND		IC ORIGIN? (Specify Yes	U.S.A	E — American Indian,	
₩	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			Y Cuban, Mexicen NO Specify:	, Puerto Rican, etc.)	Spec	wk, white, etc. white	
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(Give kind of wor life. Do NOT use i	rk done during most of	working	16b. KIND OF BUSI	NESS/INDUSTRY		
once.	1.2 17. FATHER'S NAME (First, Middle, Last)			Consultan		Re10		Consultant	
26 III	Robert L. Ruther:	ford			erna		Lttaker		
be notified TO BE	190. INFORMANT'S NAME (Type/Print) Robyn Peevy					oute Number, City or Town,			
nust be	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetlon 3 Remote the control of th		PLACE AND DATE OF etery, cremetory or othe Linch Val.	DISPOSITION (Name of	of	DATE 20c. LOC	ATION — City or T	own, Siate	
liner n	21. SIGNATURE OF FUNERAL SERVICE LIC		LINCH VAL.	22. NAME AND A	DDRESS OF FAC	6/24 Ric DeVol	Funeral	Home	
or removal. medical examiner must	10 East Deer Park Drive Gaithersburg, MD 20877 23. PART I. Enter the diseases) or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate								
rior to burial, cremation, traumatic event, the ATION	shock, or heart mura. iMMEDIATE CAUSE (Final disease or condition reaulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR AS A	consequence of:		Shoc	K	actory arrest,	Approximate interval Batween Onset and Death In our a hour	
d Mental Hygiene p Injury, or other AL CERTIFIC	that initiated eventa resulting in death) LAST PART II, Other significant condition	d,	CONSEQUENCE OF):						
S Z S	EsophajeA (A)	rci Noma.	Post	OF Esop	MBJ 8.	Part I. 24s, WAS AN A PERFORM 1 YES 2	HED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Z3 sh AN:	DID TOBACCO USE (25. WAS CASE REPERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF I						
vith the State Dept. ted, or Item 23 s PHYSICIAN:	EXAMINEDY 1 1 yes 2 NO	HOSPITAL:		DTHER: Nursing Home 5	OF DEATH (Che				
Is marked, o	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (TY WORK?		28d. DESCRIBE HOW IN	JURY OCCURED		
農 ∞ Ш	3 Suicide 8 Could not be determined	28e PLACE OF INJURY — At home larm street tectory office							
vithin 72 hours a ANT: It Item 2 COMPLET		CIAN: To the best of my know						e) end menner ea stated.	
be filed within 72 IMPORTANT: It TO BE COMF	296. SIGNATURE AND TITLE OF CERTIFIER	hleen	1 24/	29	c. LICENSE NUM	BER 2		(Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WH	ENIN, ME	102	rine) 15- Fe/	ENWO.	od 12d -0	Belle.	SAM	
	31. DATE FILED (Month, Day, 16er) JUN 2 7 1994	Julia Juridoo	Mandall						

8024. 31

0	
~	
N	
00	
=	
Ö	
1	
-	
0.1	
CA	
_	
212	
6.4	
0	
\cap	
7	
AN	
⋖	
4	
=	
~	
	٠,
Œ	
-	
⋖	
957	
- 05	
RE	-
ш,	
CVIII	
labor .	
0	1
MO	
-	
_	4
_	1
-	
1.	
_	
R	
BAL	
00	
-	
	1

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF THE COURT	0200-01212 01121 11211
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician.	retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Devi of Health and Mental Hoviene prior for hunding companion or removal	5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

	HEGISTHAN				UNIL	OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DE TH			3. TIME OF DEATH	
	Hazel Ione Riggi	ns						MONTH	613	1199UEAT 11570 K M			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	et hirthday)	IF UNDER 1	VEAD	IF UNDER 24 HRS.	7. DATE OF				IPLACE (State or Foreign	
	/17 02 22/1	1 M 2 X F	85		T-	DAYS	HOURE MIN.	(Month, D	av. Year)	lk	Counti	γ)	
	417-03-3241	YRS.				July	3, 19	908	Ala	abama			
	9e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY,	TOWN (OR LOCATION OF D	EATH		9c. COL	JNTY OF D	EATH	
E	Holy Cross Hospit	- 1	Silv	er	Spring			Mo		m 0 7677			
Ĕ I	Holy Cross Hospit		DII	CI	phrane			MO	ntgo	mery			
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CITY	Y, TOWN OF	LOCAT	ION					10d. INSIDE CITY	
흥미	Maryland Mont	gomery		C1	lver	Spr	ina				- 0	LIMITS?	
4	10e. STREET AND NUMBER	gomery		1 31.	TVET	-	. ZIP CODE			40- 00	TITEN OF I		
A I	PACESTER AND ASSETT					101				10g. CI1	10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	2700 Barker Stre	et					20910			U.S.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF				ENDENT OF HISPAI			or No-	14. RACE	— American Indian, r, White, alc.	
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W					2 1 NO Specif		in, etc.j		Speci		
B	3 Widowed 4 Divorced	<u> </u>										White	
	15. DECEDENT'S EDU (Specify only highest grade		18a. Di	CEDENT'S	USUAL OCC	CUPATIO	ON .	16b. KI	ND OF BUS	INESS/IN	DUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	- Itte	Do NOT us	vork done du e retired.)	unng mo	st of working						
4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2		ninis	trati	ve	Assistan	nt	Leg	a1			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1										
		aninc					18. MOTHER'S NA						
BE	Cassie Marlow Ri	ggins					Harrie						
<u>و</u>	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AODRESS	(Street a	nd Number or Rural	Route Number,	City or Town	n, State, Zi	ip Code)		
-	Roland A. Anderso	n	3	3810 (Club	Dri	ve, Chev	y Chas	se, M	D 20	815		
	20a. METHOD QE DISPOSITION		20b.PLACE	AND DATE O	OF DISPOSIT	TION /Na	me of	OATE	20c. LO	CATION —	City or To	wn. State	
	1 Donalion 5 Other (Specify)	noval from State	Cametary, cre	emetory or ot	her place)	rom	atory	1			-		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Meere	poll				OLEN D	Ale	xandria, VA			
		K 8	/	22. NAME AND ADDRESS OF FACILITY DeVol Fu 10 East Deer Park Drive							raı	nome	
	7:2.	17		Gaithersburg, MD 20877									
	23. PART i. Enter the diseases, or	complicatione that	causad the de	eth. Do n	ot antar 1	he mo	de of dving, suc	h as cardle	or reeni	ratory ar	rnet	Approximate	
	anock, of neart failura.	List only one caus	sa on each iine	n.								interval Between	
	disease or condition	(0)	Oneet and Deeth										
	resulting in death)	~ and	110 Ln	Pulmonary Most Sugar						Suddon			
		DUE TO	OR AS A DONSE	OÙENCE OF	ارز		-						
z		- Hezp	12000	uy (all	LL	1					sudda.	
은	Sequentially list conditions, if any, leading to immediate	OUE TO	OR AS A CONSE	OUTHICE OF):	-						3	
8	cause. Enter UNDERLYING	1 Sex	2(1)									- day	
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE OF	7:								
FI	resulting in death) LAST	1 PAGI	ther (avo	1114	74	10					10-7/10	
CERTIFICATION		a.) 0 C Co	1000	-41	(00)	0	7					12 5/1005	
- 11	PART ii. Other significant condition	na contributing to	death but not	rasulting I	n the und	lerlyln	cause given in	Part I. 24	a. WAS AN		24b	WERE AUTOPSY FINDINGS	
EDICAL	Demonts			9					PERFOR	MED?	1 - 75	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ā		12 0-	3. 6					1	YES 2	NO		OF OEATH?	
	severe Aus	the Ste	NOSIC						/			1 YES 2 NO	
PHYSICIAN: M	Amal &	y rillat	non										
<u> </u>	25. WAS CASE REFERRED TO MEDICAL	1				26. PL	ACE OF OEATH (Ch	eck only one)					
읈။	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:			·					
<u> </u>	27. MANNER OF DEATH	28e. DATE OF I		28b. TIME		28c. INJ	8 5 Residence	28d. OESCR		HIERY OC	CUBEO		
	Natural 5 Pending	(Month, De	y. Year)	INJ		WO	RK?	zou. OESCH	IBE NOW IF	130KT OC	CONEO		
à l	2 Accident Investigation					1 🔲 1							
- 14	3 Suicide 8 Could not be	28a. PLACE OF building, e	injury — Al ho itc. (Specify)	ome, term, a	treet, factor	ry, offic		281. LOCATION OF T	ON (Street a	nd Numbe	r or Rural F	loute Number,	
	4 Homicide determined												
ון ב	29a. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of r	my knowledge de	ath occurs	d et the tie	no dete	and plane and due	to the same			4-4		
불	enal											novina commo desc	
COMPLETED	A MEDIONE EXAMINE	OIL THE DESIGN OF SXI		vwatigatio	n, in my opi	wiion, d	warn occured at the	time, data an	piece, and	a due lo li	na cause(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R		_			29c. LICENSE NUI	MBER	I	29d. DAT	TE SIGNED	(Month, Day, Year)	
	/ why	To Aus	Sk	((3)	UPTA		1) -3	7-237		P 0	6/5	2/10	
임	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUSI	E OF DEATH (ITE	M 27) (Type	Print)		, ,	الرار سم			7 -	7017	
Ì	0801 Gono	as An	0 4	23	K	/		1000			2	73	
	31 OATE SHED MOST CONTRACT	0 00	- 'A'	UV	<u> </u>	21	IVEL >	Irri	_/\	-	1	010	
	31. OATE FILEO (Month, Day, Year) JUN 2. 7. 1994	32. REDISTRAN	S SIGNATURE	2									
	> JUN Z / 1334	7		10									

, 4 TIG9 .

No. 100

221 " 111

. .

N N N

Pages 1, 2, 3 should

permit,

use as the bunial-transit

page 5 should be detached for

BE

2

מערוואס	death. Page 6 mi	tuneral director,	examiner must
)	nours after	illed in by the	e medical
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a fours after death. Page 6 m.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
	TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after death w	IMPORTANT: If Item 28 is mark

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JUNE 22, 1994 FLT RUBENSTEIN 6:00 A. M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR B. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. JUNE 14, 1908 141-34-7464 1 XM 2 F 86 YRS. **NEW YORK** 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR SUBURBAN HOSPITAL BETHESDA MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWH OR LOCATION MONTGOMERY MARYLAND CHEVY CHASE X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8100 CONNECTICUT AVENUE #207 20814 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Merried BY Specify: WHITE 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) College (1-4 or 5+) 5+ PHYSICIAN MEDICINE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) MORRIS RUBENSTEIN H LENA SAX BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RUBENSTEIN 8100 CONNECTICUT AVE, #207-CHEVY CHASE, MD. 20814 MIRIAM (WIFE) pe #ETHOD OF DISPOSITION

1 Xeurist 2 Committee 3 X

4 Donation 5 Committee (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must B NAT ABRAHAM MEM. PARK 6/24 UNION, NEW JERSEY examiner 21. SIGNATURE OF FUMERAL SERVICE DICENSE 22 NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE - ROCKVILLE, MD. 20852 the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line Interval Between **Onset and Death** IMMEDIATE CAUSE (Final diseese or condition resulting in death) Meumonia event, DUE TO (OR AS A CONSEQUENCE OF) A cute Renal failure traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Anaemia. CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL shows any Desco 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: 28. PLACE OF DEATH (Check only one) **EXAMINER?** 1 YES 2 NO OTHER: Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Rasidenca 6 - Other (Specify) 0 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked. INJURY 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation DIRECTOR: Aft hours after deal item 28 is n 3 Sulcide 26e. PLACE OF tNJURY — At home, farm, street, fectory, office building, stc. (Specify) 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide Item

29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D37891 6.22.94

36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2 MEDICAL EXAMINER: On the basis of an

ING MAYERS A MD

121

29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.

d/or investigation, in my opinion, death occured at the time, data end place, and due to the ceuse(e) end menner ee stated.

Congressional In # 409 Rock rille mo 2085 2

31. DATE FILED (Month, Day, Year) JUN 2 7 1994 38. REGISTBAR'S SIGNATURE
Fulia Davidson Bandall

DIVISION OF VITAL RECORDS, P.O. BOX 68760

		1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H			YGIENE EG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)	ly Rec	ese			2. DATE OF I		3. TIME OF DEA	ATH M
Pir		217-44-3564	M 2 - F	n yrs. lest birthday) 92 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da Feb. 24	y, Year)	BIRTINPLACE (State or F Country) aryland	Foreign
2, 3 should	CTOR	98. FACILITY NAME (If not institution, give stree St. Elizabeth Nurs RESIDENCE OF DECEDENT				or Location of D ore City	EATN	9c. COUNT	Y OF DEATH	
permit, Pages 1,	DIREC	10a. STATE 10b. COUNTY Maryland			y, town or local				10d. INSIDE CIT LIMITS? 1 YES 2	
13i	ERAL	100. STREET AND NUMBER 3320 Benson Avenue			101	1. ZIP CODE	5	10g. CITIZE	N OF WHAT COUNTRY?	
ding physician.	BY FUNER		2. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DA	2 NO	t3. WAS DEC	CENDENT OF NISPA pecify Cuban, Maxico 3 2 X NO Specifi	NIC ORIGIN? (S	pecify Yes or No- 14	Black, White, atc. Specify: White	ilen,
pital or attending of for use as the	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(Give kind of u	ŕ	ost of working	16b. KIN	D OF BUSINESS/INDUS		
the hospital or detached for once.	COM	17. FATHER'S NAME (First, Middle, Last)	1, 1,	KOMAII Ga	tholic I		AME (First, Middl	Religious B. Meiden Surname)	-	
के वित	BE	Clifton R 19a. INFORMANT'S NAME (Type/Print)	eese	105 MAII INC	ADDRESS (Street of	Marga		Kelly City or Town, State, Zip Co		
2 2 2	욘	Msgr. R. Joseph Do	oley					.le,Maryla		
P 20 0		20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	I from Stata come	PLACE AND DATE	OF DISPOSITION (No	ame of	DATE	20c. LOCATION Cit		and
after death. Page 6 m moval. cal examiner must		21. SIONATURE OF FUNERALISERVICE LICEN	J. Cole		Franci 500 Ur	nd address of fa is J. Co. niversity	llins E y Blvd.	uneral Ho	me, Inc. pr.,MD 209	
hours y filled in I ation, or re the med		23. PART I. Enter the diseases, or con shock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	Acinic	Cell	CA	parot		or reapiratory arres	t, Approximinterval E Onset an	Batween
and and harting	FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A DUE TO (OR AS A	Find	eleti					
th certificat ending phy if Hygiene p	CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	የ):					
that the that the and the and I	EDICAL	PART ii. Other aignificant conditions o	ontributing to death bu	t not resulting	in the undarlyin	g causa given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY I AMAILABLE PRIOF COMPLETION OF OF DEATH?	R TO CAUSE
he law requires has been sign begt, of Heal	N. M	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH '	YES NO			1 YES 2	NO
Sician: The certificate han the State D	SICIAN		OSPITAL:	itlent 3 DOA	отней:	LACE OF DEATH (C)				
NG PHYSICIA fler this certificate with the marked, or	у РНУ	27. MANNER OF-DEATH 1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ			BE HOW INJURY OCCU	RED	
TTENDI TOR: A after de	ЕТЕР ВУ	2 Accident investigation 3 Suicide 6 Could not be 4 Nomicide determined	28a. PLACE OF INJURY building, atc, (Special	At home, farm,	street, factory, offic	en .		N (Street and Number or wn, State)	Rural Route Number,	
₹ ₹₩ =	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAL EXAMINER: 0								atated.
TO THE HOSP! TO THE FUNEF be filed within	TO BE (29b/SIGNATURE AND TITLE OF CERTIFIER	lusa	U	(29c. LICENSE NU	182	29d. DATE S	IGNED (Month, Day, Year,)
		30. NAME AND ADDRESS OF PERSON WHO C	USSEL P	TH (ITEM 27) (Type)	Print) 20 BEN	A GOZU	VE B	ALTO. M	0 2122	1
		JUN 2 7 1994	32 REGISTRAN'S SIGNA JUNE DAVIDON							•

2, 3 should DIRECTOR Pages 1, 10e. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION MARYLAND MONTGOMERY WHEATON permit. FUNERAL 10e. STREET AND NUMBER page 5 should be detached for use as the burial-transit 12101 GRANDVIEW AVENUE ours after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION (Specify only highest (Give kind of work done life. Do NOT use retired.) ET Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 SECRETARY 17. FATNER'S NAME (First, Middle, Last) notified at BE 19a. INFORMANT'S NAME (Type/Print) 2 FRED M. ROSENBERGER be 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 1 N Buriel 2 Cremetion 3 Removal from State funeral director. PARKLAWN CEMETERY Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the sta medical filled in by 6 IMMEDIATE CAUSE (Final the disease or condition_ the attending physician and completely Mental Hygiene prior to bunial, crematic -ongestive recuiting in desth) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 executed with DUE TO (OR AS A CONSEQUENCE OF) schemic traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to t if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events other DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST 0 injury, MEDICAL n signed by the Health and any shows has been s PHYSICIAN: DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL this certificate State HOSPITAL: 1 YES 2 NO ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 0 the 28a. DATE DF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME DF marked, With 1 Netural 5 Pending Investigation BY DIRECTOR: After to hours after death vitem 28 Is mari 2 Accident 28e. PLACE OF INJURY — building, atc. (Specify) 3 Suicide At home, farm, street, factory, office COMPLETED 8 Could not be 4 Homicide hours 2 Item TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 THE IMPORTANT: If It HOSPITAL 29b. SIGNATURE AND TITLE OF CENTURE BE 9

94 20872

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN **ERMA** ROSENBERGER JUNE 15, 1994 5:45 P.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday, IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) FEB. 22, 1911 8. BIRTNPLACE (State or Foreign DAYS 1 M 2 X F 712-14-9451 83 NORTH CAROLINA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATN MANOR CARE - WHEATON WHEATON MONTGOMERY RESIDENCE OF DECEDENT 10d. INSIDE CITY 1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20902 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify: WHITE 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY **EDUCATION** 18. MOTNER'S NAME (First, Middle, Malden Surname) PEARL SUPPES 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12101 GRANDVIEW AVENUE WHEATON, MARYLAND 20902 20c. LOCATION - City or Town, Stata 6/17/94 ROCKVILLE, MARYLAND 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only pna cause on each line. Approximata tervai Between Onset and Death heart failure Cardianyopathy PART II. Other algoriticent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 TYES 2 NO 26. PLACE DF DEATH (Check only one) OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINES: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 4323 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ka 9201 PK. Pr. #102 Laurel, MO 20707 Laurel const 31. DATE FILES PAOP 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

age 6 may be returned by the hospital or attending physician. TIMORE, MARYLAND 21215-0020

AN	sou a	letache	nce.
9	by th	e e	7
BALLIMOHE, MAHYLANI	TO THE HOSPITAL DRIATENDING PHYSICIAN. The law impures that the death certificate be executed within four after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely find in by the funeral director, page 5 should be detached.	De lied writte i 2 nous anni dreis with the color cap. Or remain and remain frames proc. If does not the medical examinar must be notified at once.
	8	8	-
ž	No.	8	ᇻ
5	40	윺	Ē
2	E	9	Ē
AL	death.	a funer	exam
n	ŧ	8	1
	NGS	=	1
ø	Š	Z	9
Ų	Į	8	15
ģ	d with	mplet.	event
g	S C	p p	발
K	8	18 3	
5	Ā	100	Ē
7.0	riffest	d phy	the
č	85 6	6	1
ń	the death	the st	my.
£	8	4	y F
Ś	50 10	Dell i	1
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	manin	oen si	shows
4	ň	8	13
=	N IN	CHI C	Item
-	90	1	ă
5	73	21	pan
5	ONG P	10	man
2	ENG	8	8 15
5	=	5	2 E
5	8	8	He C
	星	N. H	2 10
	100	1	A
	분	보 1	DRT
	01	DI C	MP

FOR 1 STATE	STATE OF MARY	'LAND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIF	NE		
REGISTRAR		CERTIFIC			REG. NO			
1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF OEATH	DAY, YEAR	3. TIME OF OEATH	
MARIO ROJAS					June 22,		11:43 A.	
4. SOCIAL SECURITY NUMBER 577-70-0568			F UNDER t YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/11/24	Cou	THPLACE (State or Foreign ntry)	
9a. FACILITY NAME (If not institution, gi	ve street and number)	9	b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH	
HOLY CROSS HOS			SILVER	SPRING		MONTGO	MERY	
10a. STATE 10b. COU		10c. CITY,	TOWN OR LOCATI	ON			10d. INSIDE CITY	
		WASI	HINGTON	D.C.			LIMITS?	
10e. STREET AND NUMBER			101.	ZIP CODE		tog. CITIZEN OI	WHAT COUNTRY?	
413 Rittenhouse	Street, N.W	•		20011		United	States	
11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, spe	NDENT OF HISPAN city Cuben, Mexicar 2 NO Specify	IC ORIGIN? (Specify Y n, Puerlo Rican, atc.)	Sp	CE — American Indian, eck, White, atc. ectly:	
15. DECEDENT'S E	DUCATION	18a. DECEDENT'S US	UAL OCCUPATIO	N.	ARE VIND OF B	USINESS/INDUSTRY	ıban	
(Specify only highest gi	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during mos etired.)	t of working	55-55-55			
17. FATHER'S NAME (First, Middle, Last)		Welder Me	echanic			Construc	tion Co.	
Remberto Rojas					ME (First, Middle, Meide ristina Re	,		
19a. INFORMANT'S NAME (Type/Print) Elena Rojas					oute Number, City or To	,	.C. 20011	
29. METHOD OF DISPOSITION 1.0 Burlet 2 Cregitation 3 R	emovel from State	Ob. PLACE AND DATE OF	DISPOSITION (Ner	ne of	DATE 20c. L	OCATION — City or	Town, State	
Burlet 2 Crepteton 3 Ramovel from State Donation 5 Other (Specify) The Signature of Floria Assemble Licenses 22 NAME and Address of FACHITY Service, Inc.								
HHV.	um E.X	Faith			al Service Ave. N.W.		o.c. 20012	
disease or condition resulting in death)	METASTATI	each lina.			IA OF LET		Approximate interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		S A CONSEQUENCE OF):						
11	lons contributing to deeth LETIVE PULLA AND APTERIOSC	LONARY DK	SEASE		PERFO	ORMED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
	MESTINKE HE	MMORHAGE	3	A. SAME				
EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Che				
1 TYES NO 27. MANNER OF OEATH	1 D Inpetient 2 ER/O				8 Other (Specify) 28d. DESCRIBE HOW	IN HIEV ACCURED		
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year		Y WOF		200. DESCRIBE NOW	INJURY OCCURED		
3 Suicide 8 Could not 4 Homicide datarmined	building, etc. (S	RY — At home, ferm, stre pecify)	et, fectory, office		281, LOCATION (Street City or Town, State		I Route Number,	
[[000]	YSICIAN: To the best of my kn						o(e) end menner as stated.	
299 SIGNATURE AND TITLE OF CERTI		1112		29c. LICENSE NUM		29d. DATE SIGN		
	1 1/10 A A.				1.7.1		1/. 1/	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pr	int)	5010	(8)	6/27	194	
31. DATE FR.ED (Month, Day, Year)	BOUND	MD 1480	8 PHYR	110G	LANE RO	COUNTE	194 de) 2020	

61 the state of the s

-1	1
BAL	
~	
п	4
	К
_	J.
	k
	۰
	Z
_	4
$\overline{\mathbf{c}}$	•
9	4
~	á
×	1
_	1
×	ı
7	
~	
ч	3)
	-
	1
-	:
-	1
n	
2	
~	
=	
_	ď
)	н
ш	
~	Н
-	
4	
ď	
_	1
-	
>	1
	3
=	-
)	1
-	
5	9
)	-
-	3
n	ì
-	1
	-
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	-
_	The second secon
	1

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deteched for use as the burlal-transit permit. Pages 1, 2, 3 should be deteched for use as the burlal-transit permit. Pages 1, 2, 3 should be deteched for use as the burlal-transit permit. Pages 1, 2, 3 should be deteched for use as the burlal-transit permit.	MPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this to the filed within 72 hours after death with	IMPORTANT: If item 28 is marked

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI	FICATE OF	DEATH	REG	. NO.	
1. DECEDENT'S NAME (First, Middle, LI CHARLOTT		T.EY			2. DATE OF DEA	DAY	YEAR
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS,	7. DATE OF BIRT		794 12:10 P
	1 M 2 WF		MONTHS DAVE	HOURS MIN.	(Month, Day, Ye	MIP)	8. BIRTNPLACE (State or Foreign Country)
704-18-1625 9. FACILITY NAME (If not institution, g.	285	100 YRS.			JULY 19		PA.
		TE		R LOCATION OF D	EATH		TY OF DEATH
GREATER LAURE		LE HOSP'T.	LA	JREL		PR	INCE GEORGES
RESIDENCE OF DECEDENT		10c C	ITY, TOWN OR LOCAT	ION			10d, INSIDE CITY
MD. F	RINCE GEOR			ENBELT			LIMITS?
10e. STREET AND NUMBER	TUNOL GROW	OED					1 YES 2 NO
Management of the Control of the Con	amost po		101	ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
	STON RD.			20770			U.S.A.
11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARMED			NIC ORIGIN? (Speci an, Puarto Rican, et	fy Yes or No-	14. RACE — American Indian, Black, White, etc.
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W			2 NO Specif		/	Specify:
							WHITE
15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)	(Give kind o	'S USUAL OCCUPATION work done during mo:		16b. KIND O	F BUSINESS/INDL	ISTRY
Elementary/Secondary (0-12)	College (1-4 or 8+) Illn. Do NOT	use retired.)				
12		SEC	RETARY		S	OUTHERN	RAILWAY
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, M	laiden Surname)	
UNK	NOMN				UNKNOW	N	
19e. INFORMANT'S NAME (Type/Print)			G ADDRESS (Street e				
ALICE L. KE	LSER	76	Ol WELLI	ESLEY DR	., COLLE	GE PARK	, MD. 20740
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	E OF DISPOSITION (Na	me of		c. LOCATION — C	
1 S Buriel 2 Cremetion 3 5 F 4 Donation 5 Other (Specify)	lemoval from State	FT. LINC	other place)	TERY	6/29		WOOD. MD.
21. SIGNATURE OF FUNERAL SERVICE	LICENBEE			D ADDRESS OF FA	CILITY		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO	OR AS CONSEQUENCE		Tean	& Fo	ulu	Onset and D
Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	OR AS A CONSEQUENCE	OF):	sti.	Caroli	Okescul Ser	Say lac
PART II. Other eignificant condi	tione contributing to	death but not resulting	in the underlying	ceuse given in	Part I. 24s. W	AS AN AUTOPSY	24b, WERE AUTOPSY FIND
So	00	Lemen	1	g.von m	PE	RFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAU
Dass	10.	Co Occio			1 U Y	ES 2 DINO	OF DEATH?
1010	Love	34 VC	0		_		1 TES 2 SONO
		V					
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			ACE OF DEATH (C	neck only one)		
1 YES 2 7	1 Onpatient 2	ER/Outpatient 3 🗆 DOA	OTHER: 4 Nursing Nom	8 🗆 Residence	6 Other (Specify	1)	
27. MANNER OF DEATH	28e. DATE OF (Month, Da			URY AT RK?	26d. DESCRIBE H	IOW INJURY OCC	URED
1 Accident 5 Pending Investigati				ES 2 NO			
3 Suicide 8 Could not	26a. PLACE OF	F INJURY — At home, ferm	, street, factory, office		281, LOCATION (S	Street and Number of	or Rural Route Number,
4 Homicide determine		etc. (Specify)			City or Town,	State)	
290. CERTIFIER	WOLCHAN, Y- M	and the second		and the second	(ii) Lane-succes		
(Check only	TOTALIAN: TO the best of	my knowledge, death occu					
4 WEDICAL EXAM	INER: On the best of	umminarion englor investiga	tion, in my opinion, d	earn occured at the	time, date and place	ce, end due to the	
	NNER: On the besis of ex						cause(a) and manner as state
296. SIGNATURE AND TITLE OF CERT				29c LICENSE NU	MBER		SIGNED (Month, Day, Year)
		Mis			MBER Y721		
	FIER	M.S.	pe, Print)		MBER Y721		
29b. SIGNATURE AND TITLE OF CERT	FIER	M.S.	De, Print		MBER Y721		
29b. SIGNATURE AND TITLE OF CERT 30. NAME AND ADDRESS OF PERSON	FIER WHO COMPLETED CAUS	M F SE OF DEATH (TEM 27) (TH	De, Print)		MBER 4721 Usel		
30. NAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year)	WHO COMPLETED CAUS	DE OF DEATH HTEM 27) (7)	oe, Printi		MBER 472) Usel		
30. NAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year)	WHO COMPLETED CAUS	M F SE OF DEATH (TEM 27) (TH	os, Print)		MBER Y72) Usel		

DIVISION OF VITAL BECORDS, P.O. BOX 68750

>	Pani
AL JAG	death
3	affer
	SILIN
	P
5	with
90	executed
5	a
.O. DOV 00	Certificate
	death
Ś	the
5	that
ייו אר יודיסטיטיי	Milling
	W.
C	art.
	SICIAN-
)	PHY
	DING
	ATTEN
	OR
	THE HOSPITAL OR ATTENDING PHYSICIAN The law
	THE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the most offer the relatined by the busined by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygher prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked on them 23 shows any Injury, or other fraumatic event the market and mar BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		0			2. DATE OF DEATH MONTH DA		3. TIME OF DEATH		
	Demans	ra .T	· la	sec		6 - 2	5 ~ 9	11.00 Pm		
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)		
	0.0 12 0230		88 YRS.	DAYS	HOURS MIN.	Feb. 24,	1906 8			
-	9a. FACILITY NAME (If not institution, give stre			96. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	Y OF DEATH		
DIRECTOR	Shady Grove Advent	ist Hospital	1	Rockvil	le		Monta	gomery		
S S	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
ة	Maryland Montgo	merv	Wash	ington	Grove			LIMITS?		
AL AL	10e. STREET AND NUMBER		T WAR		ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?		
FUNERAL	P.O. Box 306, 309	Ridge Road			20880		U.S.A	١		
15	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECI	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes		I. RACE — American Indian, Black, White, etc.		
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 YES		i, Puerto Rican, etc.)		Specify:		
	15. DECEDENT'S EDUCA	ATION	44 - 2505254740					White		
	(Specify only highest grade of	completed)	(Give kind of wo	rk done during mos	st of working	16b. KIND OF BUS	SINESS/INDUS	STRY		
12	Elementary/Secondary (0-12)	College (1-4 or 5+)	Home Mak			Orm Hom	•			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Home Flak	CT.	16. MOTHER'S NAM	Own Hom AE (First, Middle, Maiden	7			
BEC	Agatino Torre					Amaducci	,			
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	DDRESS (Street ar		loute Number, City or Tow	n, State, Zip Co	ode)		
TO BE CON	Anthony V. DeIulii	S	P.O. B	ox 306,	309 Rid	ge Rd., Wa	sh. Gr	ove, MD 20880		
5	20a METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remov		PLACE AND DATE OF etery, crematory or other	DISPOSITION (Na				y or Town, Slata		
	4 Donation 5 Other (Specify)	Ga	ate of He	aven Cer			ver Sp	oring, MD		
	21. SIGNATURE OF FUNERAL SERVICE HOL	RTTES			Funeral	CILITY				
3	J.5.X	}	,			k Dr., Gai	there	burg, MD 20877		
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	implications that caused	tha death. Do no	t anter tha mod	da of dylng, auch	an cardiac or reapi	ratory arrea	t, Approximate		
	IMMEDIATE CAUSE (Finel	only bha cause bh as	ach lina.		1 -	1-0		Intarval Between Onaet and Daath		
	diaaase or condition reaulting in death)	Acul	2 mi	inca	rdia	Line	12 A	ron she		
	DUE TO (OR AS A CONSEQUENCE OF)									
N	Sequentielly list conditions, The July Managery Colomo 2hr.									
CERTIFICATION	Sequentielty list conditions, if any, leading to immedieta cause. Enter UNDERLYING									
5	CAUSE (Disease or Injury C.	UE TO (OR AS A	CONSEQUENCE OF	undrugg 3 w						
	that initiated evants resulting in death) LAST	Ato	200	mill	action	1		13.161-		
	d.	11101	un gi	2000	201501	1		300		
AL C	PART II. Other aignificant conditions	contributing to death be			cause given in i	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AWARLABLE PRIOR TO		
MEDIC	- IN 10%	yox.	Jerz	ure.	1	1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?		
: ≥						_ ′		1 YES 2 NO		
PHYSICIAN:										
10		HOSPITAL:		28. PL	ACE OF DEATH (Che	ck only one)				
14S	1 YES 2 NO	1 Inpatient 2 ER/Outpu	atlent 3 DOA 4	☐ Nursing Home	5 Rasidence					
"	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	WO!	RK?	28d. DESCRIBE HOW II	NJURY OCCUP	RED		
Ď	2 Accident Investigation	28a PLACE OF INITIRY	- At home Jerm etca		ES 2 ND	and Location (Orest		2 - (2 - 1)		
	3 Suicida 6 Could not be 4 Homicide datarmined 28a. PLACE OF INJURY — At home, larm, streel, lactory, offica building, atc. (Specify) 28b. LOCATION (Street and Number or Rural Floute Number, City or Town, State)									
COMPLET	29a. CERTIFIER									
Δ		IAN: To the best of my knowle						sause(a) and manner as stated.		
	29b. SIGNATURE AND TYPLE OF CERTAPIER		- Indiana investigation,	iii iiiy opiiiioii, oi						
띪	STORM ONE AND THE OF PERMITER	dhab-	111		29c. LICENSE NUM	999	29d. DATE S	IGNED (Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLEXED CAUSE OF DEA	TH (ITEM 27) (Type, P	rint)	1733		6	2014		
	SWARROF S	SUD HAX	AR, S	50.W	ROCK	MONETON	MOR	20252		
	31. DATE FILED WARDIN, Pay, Mari 1994	32 REGISTRAT'S SIGNA	n- Handell							

CTANE IN

1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

control after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	tion, or removal.	the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Consultations after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH											
	MARGARET	ALLACI	<		JUNE 30	1:00 Am						
œ	4. SOCIAL SECURITY NUMBER	MOUTHIN DAME OF BUILDING A PHIS. 1. UNITED TO BEING				7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)					
	063-01-8600	000 1 M 2 X) F 88 YRS. Dec 4, 19						Florida				
	9a. FACILITY NAME (If not institution		9b. CITY, TOW	N OR LOCATION OF DE		9c. COUNTY						
DIRECTOR	Fox Chase Reh		g Center		Silve	er Spring		Montg	omery			
<u> </u>		COUNTY		10c. CITY	TOWH OR LO	CATION			10d. INSIDE CITY			
	Maryland	Montgomery		Si	lver Sp	oring			LIMITS?			
AL	10e. STREET AND NUMBER			1		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	8505 Springva	le Road			-	20910		Unite	d States			
5	11. MARITAL STATUS		NT EVER IN U.S. AR			ECENDENT OF HISPAN	NIC ORIGIN? (Specify Yes	s or No- 14.	RACE — American Indian, Black, Whife, etc.			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced		WAR OR DATES			ES 2 NO Specif			Specify:			
	15. OECEDENT	'S FOUCATION	160 DE	CEDENT'S	JSUAL OCCUP	TION	-	0111500 11151107	White			
	(Specify only highes Elementary/Secondary (0-12)	et grade completed)	(G		ork done during	most of working	166. KIND OF BU	SINESS/INDUST	RY			
COMPLETED	12	College (1-4 or 5		brari	ian		Librar	٧				
i Si	17. FATHER'S NAME (First, Middle, L.	ist)				18. MOTHER'S NA	ME (First, Middle, Malden					
BEC	Juan	Hern	andez			Josephi	ine	В	arrett Arnao			
일 일	19a. INFORMANT'S NAME (Type/Prin	,	191				Route Number, City or Tow					
F	Joan E. Retal	lack (Daugh	ter) 4	419 F	Ridge S	St, Chevy	Chase, MD	20815				
	20a. METHOD OF DISPOSITION 1 Burlal 2 X Cremation 3	Ramoval from State	20b. PLACE /	AND DATE O	F DISPOSITION	(Neme of	DATE 20c. LO	CATION — City	or Town, State			
	4 Donation 5 Other (Specif		Baltin	ore-Wa		Crematory AND ADDRESS OF FA	6-30 Lau	urel, MD				
	21. SIONATURE OF FUNERAL SERV	A DI	/									
	Zoff	B. Ch		00827	933	Gist Ave.	Services, Silver Sp	oring,	MD 20910			
	23. PART Enter the diseese shock, or heart to	23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, Approximate										
	IMMEDIATE CAUSE (Final	alor billy bill oo	230 Dii 00017 Milo	•					Interval Between Onset and Death			
	disease or condition resulting in death)	Conges	stive Hea	art F	ailure				Month			
	resulting in death) a. Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF): Month											
O	Sequentially list conditions, Arteriosclerotic Cardiovascular Disease Months											
¥.	if any, leading to immediate cause. Enter UNDERLYING											
FI	CAUSE (Disease or injury that initiated events Due to (or as a consequence of):											
CERTIFICATION	resulting in deeth) LAST											
2	PART II. Other algoliticant con	ditions contribution to	dooth hut ant a									
MEDICAL	THE STATE OF THE S	Contributing (Geetti Dat tibi t	esuiting it	i the underly	ring ceuse given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
							1 _ YES 2	X NO	OF DEATH?			
							_	- 1	1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDI	CAL			26	PLACE DF DEATH (Ch	not only one)					
Sic	EXAMINER? 1 YES 2 XNO	HOSPITAL:	☐ ER/Outpetlant 3		OTHER:							
Ä	27. MANNER OF DEATH	28a. DATE O	FINJURY	28b. TIME	OF 28c.	ome 5 Rasidenca	28d. DEŞCRIBE HOW I	D .				
ВУР	1 XNatural 5 Pendin 2 Accident Investig	9	Day, Year)	INJU	4.4	WORK?	income and a second					
	3 Suicida 8 Could	28e. PLACE	OF INJURY — At ho , atc. (Specify)	me, farm, st	reet, factory, o	ffice	281. LOCATION (Street and Number or Rural Route Number,					
	4 Homicide detarmi	ned					City or Town, State)					
7	29a. CERTIFIER (Check only	PHYSICIAN: To the best of	f my knowledge, de	ath occurred	d at the fime, d	ata and place, and due	to the cause(a) and me	nner as stated.				
COMPLETED									use(a) and manner as stated.			
ш	296. SIGNATURE AND TITLE OF CE					29c. LICENSE NUI	WBER	29d. DATE SIG	ONED (Month, Day, Year)			
ω	Jean	- Allee	le			D40216			e 30, 1994			
2	30. NAME AND ADDRESS OF PERS		SE DF DEATH (ITE	W 27) (Type,	Print)		·····					
	Dennis A. Cul			5530	Wiscon	sin Ave #7	715, Chevy	Chase,	MD 20815			
	31. DATE FILED (Month, Day, March	12 AEGISTA	AB'S SIGNATURE									
	AAL A T 199	The state of the s	the state of									

01 •

68760,	
ВОХ	
P.0.	
RECORDS,	
OF VITAL F	
DIVISION	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hosp	tache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	iMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
#	e de		10
5	Q P		d a
aine	100		Me
Te.	5		5
- A	age		pe
ma	9,0		IST
9	rect		Ē
E	9		ner
ath.	mer		E
r de	e fe	ei.	ex
afte	\$ A	MOM.	Ical
SULC	2.	or re	ned
Š	lled	0.0	9
,	ely f	natio	=
with	plet	cren	ent
rted	000	13	20
хесп	and	Ž	ath
De es	ian	07 10	E I
ate	ySic	Pio	프
tific	d b	ene	the
eo ce	Idin.	F	0 10
eath	atte	maj	7,
he d	the	Me	흗
nat t	3	and	ıy i
as th	ned	alth	9
quire	n Sig	문	N.
v re	pee	0.0	2
lav av	has	Dep	23
E I	cate	State	Fee
CIA	ertifi	음	0
1XS	is c	it i	ed,
2 6	ar th	th w	ark
DIN	Affe	dea	E .
EN	10R	after	28
R AT	REC	SID	E
107	5	Se .	ite
PITA	RAL	72	H 3
105	J. S.	vithi	AN
뿦	坐	A pa	OR
T Q	0	9	MP
		20	-

2

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR				IOAIL	OI.	DEAL	1.1		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)	LIC							2. DATE OF MONTH	DEATH DA	Y -	9°54	3. TIME OF DEATH	
	BERNARD RUNNELLS								JUNE	28	3 1			M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, D	BIRTH ev. Year)		8. BIRTH Count	IPLACE (State or Foreign	
	118-32-6111	1 XM 2 - F	52	YRS.	- CANTING	UNIO	HOUNS	THE STATE OF THE S		/194	2	190	ns,NYC,N.Y	.
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DEA	TH			NTY OF D		Ť
E I	JOHNS HOPKINS H	OSPITAL			R/	ALTI	MORE	CIT	٧		BAL	TIMO	RE	
DIRECTOR	RESIDENCE OF DECEDENT					16.14	110114	011	•					
Ë	10a, STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCAT	ION						10d. INSIDE CITY LIMITS? 37	
	Delaware Suss	ex		Lew	es								1 YES 2 NO	
A	10e. STREET AND NUMBER		*-			101.	ZIP CODE				10g. CIT	IZEN OF Y	WHAT COUNTRY?	\dashv
R.	48 Bryan Drive	(Midway 1	Estates)			1995	8			U	SA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN			1 12 W	Me Deci	ENDENT O	E MICOANI	C ORIGIN? (S	Smalle Man	as Na	14 010	E American Indian.	-
	1 Never Married 2 Married	FORCES? 1	YES 2 X		1f	yes, spe	city, Cuba	n, Maxican	, Puarto Rica	in, etc.)	or No-	Blac	k, White, etc.	
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		1	_ YES	2 🔁 NO	Specify:				Spec	"" White	
	15. DECEDENT'S EDUC	CATION	180.0	DECEDENT'S	LIGUAL OC	CLIDATIO	A.		405 W	ND OF BUS	1	110 700		_
E	(Specify only highest grade	completed)		Give kind of a	work done di	uring mos	t of workin	g	100. KI	ND OF BUS	INE33/INL	JUSTRY		- 1
٦	Elementary/Secondary (0-12)	College (1-4 or 5 -	+)	ager,		70 27	Sar	vice	Cran	ad C1	am C	rott	o Pizza	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		rian	ager,	DETIA	ery						1011	0 11224	
			1						IE (First, Midd	fle, Maiden	Surname)			
BE	Bernard Alphons	e Runnel.	IS				011	ve Ti	nomas					
2	19a. INFORMANT'S NAME (Type/Print)			9b. MAILING								,		
-	Linh T. Runnell			48 Br	yan I)r.,	Midw	ay Es	states	s, Le	wes,	Dela	ware 19958	
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 Å Cremation 3 □ Remarks	med from State	20b. PLACI	E AND DATE	OF DISPOSI	TION (Ne	me of		DATE	20c. LO	CATION	City or To	own, State	
	4 Donation 5 Other many	(T)	Cape Cape	Henlo	pen (rem	ator	y 7/1	1/94	Fran	kfor	d. D	elaware	
	21. SIGNATURE OF FUNCTIAL SERVICE LIC	E SERVICE TO SERVICE T	/		22. N	IAME AN	D ADDRES	S OF FAC	SER	TORO	TO	D D	CIAWAIC	=
	D (166/8	6 // 1	/										10066	
_	0000	D/Well	<i>V</i>										are 19966	
- 1	23. PART I. Enter the diseases, or a shock, or heart failure.	emplications the	it caused the c use on each iir	deeth, Do r	not enter t	the mod	de of dyl	ng, such	ss cardisc	or respi	retory en	rest,	Approximate	
	shock, or heart failure	emplications the	it caused the c use on each iir	deeth, Do r ne.	not enter t	the mod	de of dyl	ng, such	ss cardisc	or respi	retory en	rest,	Approximate Interval Betwee Onset and Deat	
	shock, or heart failure. IMMEDIATE CAUSE (Finsi disease or condition	List only one cau	it caused the class on each lin	10.	not enter t	the mod	de of dyl	ng, such	ss cardisc	or respi	retory en	rest,	Interval Betwee Onset and Deat	
	IMMEDIATE CAUSE (Finsi	s,	ise on each iir	.S		the mod	de of dyl	ng, such	ss cardisc	or respi	retory en	rest,	Interval Betwee	
z	shock, or heart failure. IMMEDIATE CAUSE (Finsi disease or condition	s,	SEPS I	S EQUENCE O	F):								Interval Betwee	th
NOI	IMMEDIATE CAUSE (Finsi disesse or condition resulting in deeth) Sequentially list conditions,	BUE TO	SEPS I	S EQUENCE OF TE L	P:								Interval Betwee Onset and Deat	th
CATION	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	BUE TO	SEPSI. (OR AS A CONS. ACU	S EQUENCE OF TE L	P:								Interval Betwee	th
IFICATION	shock, or heart failure IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate	DUE TO	SEPSI. (OR AS A CONS. ACU	S EQUENCE OF	Pi: Y M P Pi:								Interval Betwee	th
HTIFICATION	shock, or heart failure IMMEDIATE CAUSE (Finsi disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	SEPSI, (OR AS A CONS.) (OR AS A CONS.)	S EQUENCE OF	Pi: Y M P Pi:								Interval Betwee	th
	shock, or heart failure IMMEDIATE CAUSE (Finst disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO DUE TO DUE TO	SEPSI. (OR AS A CONS. (OR AS A CONS. (OR AS A CONS.	S EQUENCE OF	F): Y M P F):	40 (CYTIC	c 1	LEUK	2MI	A .		Interval Betwee	th
	Shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART ii. Other significent condition	DUE TO DUE TO DUE TO DUE TO DUE TO	SEPSI. (OR AS A CONS. (OR AS A CONS. (OR AS A CONS.	S EQUENCE OF	F): Y M P F):	40 (CYTIC	c 1	LEUK	ZM	AUTOPSY		Interval Betwee Onzet and Deat Week -2 years	th .
	Shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART ii. Other significent condition	DUE TO DUE TO DUE TO	SEPSI. (OR AS A CONS. (OR AS A CONS. (OR AS A CONS.	S EQUENCE OF	F): Y M P F):	40 (CYTIC	c 1	LEUK	2MI	AUTOPSY MED?		Interval Betwee Onzet and Deat WEEK -2 YERY \$	th .
EDICAL	Shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART ii. Other significent condition	DUE TO DUE TO DUE TO DUE TO DUE TO	SEPSI. (OR AS A CONS. (OR AS A CONS. (OR AS A CONS.	S EQUENCE OF	F): Y M P F):	40 (CYTIC	c 1	LEUK	Z M	AUTOPSY MED?		Interval Betwee Onzet and Deat WERL	th .
EDICAL	IMMEDIATE CAUSE (Finst disease or condition resulting in deeth) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	DUE TO DUE TO DUE TO Scontributing to	SE PS 1. (OR AS A CONS (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	SEQUENCE OF LEGUENCE OF COURSE OF CO	F): YMP F): F):	HO (CY TK	C i	LEUK	Z M	AUTOPSY MED?		Interval Betwee Onzet and Deat WEEK -2 YERY \$	th .
IAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finsi disease or condition resulting in deeth) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury their initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE C	DUE TO DUE TO DUE TO Scontributing to	SE PS 1. (OR AS A CONS (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	SEQUENCE OF LEGUENCE OF COURSE OF CO	F): YMP F): F):	HO (csuse g	c filven in F	Part I. 24	Z M	AUTOPSY MED?		Interval Betwee Onzet and Deat WERL	th .
EDICAL	SHOCK, Or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE Case September 19 Condition of the condition o	DUE TO DUE TO DUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO	SE PS 1. (OR AS A CONS (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	SE OF	P): The picture of the uncompared of the Residue o	HO G	cause g	NO	Part I. 24	2. WAS AN PERFOR	AUTOPSY MED?		Interval Betwee Onzet and Deat WERL	th .
EDICAL	SHOCK, Or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE Cause of the condition of the	DUE TO DUE TO DUE TO CONTRIBUTE HOSPITAL: 1 Uniperient 2	SE PS 1. (OR AS A CONS (OR AS A CONS) (OR AS A CONS) TO CAU	SE OF	DEATI	H YI 26. PL ing Home	CSUSE G	NO EATH (Chec	Part I. 24	2. WAS AN PERFOR	AUTOPSY MED?	246	Interval Betwee Onzet and Deat WERL	th .
PHYSICIAN: MEDICAL	SHOCK, Or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO DUE TO DUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO	Jee on each life SE PS 1. (OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not	SE OF	DEATH OTHER 4 Nursi E OF	H YI 28. PL ing Hom wo' wo' wo' ing Hom wo' ing Hom wo' wo' wo' wo' wo' wo' wo' w	CSUSE G	NO EATH (Checasidence 8	Part I. 24	2. WAS AN PERFOR	AUTOPSY MED?	246	Interval Betwee Onzet and Deat WERL	th .
PHYSICIAN: MEDICAL	SHOCK, Or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO DU	Jee on each life SE PS 1. (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) deeth but not TO CAU	SEOUENCE OF TESTINES OF THE LATE OF THE LA	DEATH OTHER 4 Number of Municipal Property Market Municipal Property Market M	H YI 28. PL WO'WO' WO' 1 Y	CSUSE G CSUSE G ACE OF DI ACE	NO EATH (Checa 8 sidenca 8	Part I. 24 1 Other (S 28d. DESCR	2. WAS AN PERFOR YES 2	AUTOPSY MED? NO	24b	Interval Betwee Onzet and Deat WEEK	th .
BY PHYSICIAN: MEDICAL	SHOCK, Or heart Islium IMMEDIATE CAUSE (Finst disease or condition resulting in deeth) Sequentially list conditions, if smy, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury thet initisted events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide S Could not be	DUE TO DU	Jee on each life SE PS 1. (OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not	SEOUENCE OF TESTINES OF THE LATE OF THE LA	DEATH OTHER 4 Number of Municipal Property Market Municipal Property Market M	H YI 28. PL WO'WO' WO' 1 Y	CSUSE G CSUSE G ACE OF DI ACE	NO EATH (Checa 8 sidenca 8	Part I. 24 1 Other (S 28d. DESCR	2. WAS AN PERFOR YES 2	AUTOPSY MED? NO	24b	Interval Betwee Onzet and Deat WERL	th .
BY PHYSICIAN: MEDICAL	SHOCK, Or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO DU	Jee on each life SE PS 1. (OR AS A CONS (OR AS A CONS) (OR AS A CONS) deeth but not TO CAU ER/Outpetlant INJURY lay, Year)	SEOUENCE OF TESTINES OF THE LATE OF THE LA	DEATH OTHER 4 Number of Municipal Property Market Municipal Property Market M	H YI 28. PL WO'WO' WO' 1 Y	CSUSE G CSUSE G ACE OF DI ACE	NO EATH (Checa 8 sidenca 8	Part I. 24 1 Other (S 28d. DESCR	a. WAS AN PERFOR	AUTOPSY MED? NO	24b	Interval Betwee Onzet and Deat WEEK	th .
BY PHYSICIAN: MEDICAL	SHOCK, Or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DU	Jee on each life SE PS 1. (OR AS A CONS (OR AS A CONS) (OR AS A CONS) deeth but not TO CAU ER/Outpetlant INJURY lay, Year) FINJURY — At t atc. (Specify)	SEOUENCE OF TEST AND TO THE ACT OF TEST AND TH	DEATION M Street, facto	H YI 26. PL :: Ing Home 1	CSUSE G CSUSE G ACE OF DI ACE OF DI REN RES 2	NO EATH (Checaldence 8	Part I. 24 1 Other (S 28d. DESCR	a. WAS AN PERFORE VES 2	AUTOPSY MED? NO NJURY OCH	24b	Interval Betwee Onzet and Deat WEEK	th .
BY PHYSICIAN: MEDICAL	SHOCK, Or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DU	Jee on each life SE PS 1. (OR AS A CONS (OR AS A CONS) (OR AS A CONS) deeth but not TO CAU ER/Outpetlant INJURY lay, Year, Year, Specify) my knowledge, or	SEOUENCE OF TEST AND TO THE AND THE AN	DEATION M Street, factored at the tire	H YI 26. PL :: ing Home WO WO To Type, office	CSUSE G CSUSE G ACE OF DI S Ra RKY RKY AND ACE OF DI ACE OF	NO EATH (Checaldence 8	Part I. 24 1 Other (S 28d. DESCR	a. WAS AN PERFOR VES 2	AUTOPSY MED? NO NJURY Octand Number	CURED r or Rural lited.	Interval Betwee Onset and Deat WEEK	th .
COMPLETED BY PHYSICIAN: MEDICAL	SHOCK, Or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MIDICAL EXAMINER	DUE TO DU	Jee on each life SE PS 1. (OR AS A CONS (OR AS A CONS) (OR AS A CONS) deeth but not TO CAU ER/Outpetlant INJURY lay, Year, Year, Specify) my knowledge, or	SEOUENCE OF TEST AND TO THE AND THE AN	DEATION M Street, factored at the tire	H YI 26. PL :: ing Home WO WO To Type, office	CSUSE G CSUSE G ACE OF DI TRICY TRICY and place, math occur	NO EATH (Check sidence 8) NO and due 1	Part I. 24 1 1 Other (S 281. LOCATH City or 1 o the cause (lime, data and	a. WAS AN PERFOR VES 2	AUTOPSY MED? NO NJURY Oct oner as stated didua to the	CURED r. or Rural is ted.	Interval Betwee Onset and Deat WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 (F NO	th .
BY PHYSICIAN: MEDICAL	SHOCK, Or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DU	Jee on each life SE PS 1. (OR AS A CONSI (OR	SEOUENCE OF TEST AND TO THE AND THE AN	DEATION M Street, factored at the tire	H YI 26. PL :: ing Home WO WO To Type, office	CSUSE G ACE OF DI ACE OF DI TRICY TES 2 and place, path occur 29c. LICE	NO EATH (Check sidence 8) NO and due 1 ed at the 11	Part I. 24 1 1 Other (S 284. LOCATH City or 1 o the cause(lime, data and BER	a. WAS AN PERFOR VES 2	AUTOPSY MED? NO NJURY Oct oner as stated didua to the	CURED r or Rural lited. ne cause(r E SIGNED	Interval Betwee Onzet and Deat WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 (I NO Route Number,	th .
BE COMPLETED BY PHYSICIAN: MEDICAL	SHOCK, Or heart failure IMMEDIATE CAUSE (Finsi disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 5 Could not be determined 29a. CERTIFIER (Check only one) TORRIFIER (Check only one) TORRIFIER 29b. SIGNATURE AND TILE OF CERTIFIER	DUE TO DUE TO DUE TO DUE TO CONTRIBUTE HOSPITAL: 1 Winpstart 2 28a. DATE OF (Month, D 28a. DATE OF building.	Jee on each life SE PS I. (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not EN/Outpetlant INJURY Jey, Year) This injury — At the stc. (Specify) my knowledge, the state of	EOUENCE OF COUNC	DEATI OTHER OT	H YI 26. PL :: ing Home WO WO To Type, office	CSUSE G ACE OF DI ACE OF DI TRICY TES 2 and place, path occur 29c. LICE	NO EATH (Check sidence 8) NO and due 1	Part I. 24 1 1 Other (S 284. LOCATH City or 1 o the cause(lime, data and BER	a. WAS AN PERFOR VES 2	AUTOPSY MED? NO NJURY Oct oner as stated didua to the	CURED r or Rural lited. ne cause(r E SIGNED	Interval Betwee Onset and Deat WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 (F NO	th .
COMPLETED BY PHYSICIAN: MEDICAL	SHOCK, Or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 5 Could not be determined 29a. CERTIFIER (Check only one) TORRESON WHO 29b. SIGNATURE AND TILE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO 30. NAME ADDRESS OF PERSON WHO 30. NAME ADDRESS OF PERSON WHO 30. NAME ADDRESS OF PERSON WHO 30. NAME ADDRESS OF PERSON WHO 30. NAME ADDRESS O	DUE TO DU	COR AS A CONSIDER OF INJURY AT A CONSIDER OF DEATH (IT	EOUENCE OF COUNTY OF THE LAST OF COUNTY OF THE LAST OF COUNTY OF THE LAST OF T	DEATH OTHER 4 Nursi E OF URY M street, facto	H YI 26. PL :ing Hommon 1	CSUSE G CSUSE G ACE OF DI 5	NO EATH (Check aldence 8 NO and due 1 and due 1 and due 1 and due 1	Part I. 24 1 1 Other (S 28d. DESCR City or 7 o the cause(ime, deta and BER	a. WAS AN PERFOR YES 2 pecify) IBE HOW II ON (Street a bown, State) a) and mand place, and	AUTOPSY MED? NO NJURY Octored Number as stated due to the 29d, DAT	CURED To or Rural II ted. The cause(4) E SIGNED G Q	Interval Betwee Onset and Deat WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 (F NO Route Number, a) and manner as stated. 2 (Month, Day, Year) 8 7 4	s
BE COMPLETED BY PHYSICIAN: MEDICAL	SHOCK, Or heart Islum IMMEDIATE CAUSE (Finst disease or condition resulting in deeth) Sequentially list conditions, if smy, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida S Could not be determined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND IT LE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO 30. NAME AND ADDRESS OF PERSON WHO 31. NAME AND ADDRESS OF PERSON WHO 32. NAME AND ADDRESS OF PERSON WHO 33. NAME AND ADDRESS OF PERSON WHO ADDRESS OF PERSON WHO ADDRESS OF PERSON WHO ADDRESS OF PERSON WHO 34. NAME AND ADDRESS OF PERSON WHO A	DUE TO DU	COR AS A CONSI COR AS A CONSI	EOUENCE OF LEOUENC	DEATH OTHER 4 Nursi E OF URY M street, facto	H YI 26. PL :ing Hommon 1	CSUSE G ACE OF DI ACE OF DI TRICY TES 2 and place, path occur 29c. LICE	NO EATH (Check sidence 8) NO and due 1 ed at the 11	Part I. 24 1 1 Other (S 28d. DESCR City or 7 o the cause(ime, deta and BER	a. WAS AN PERFOR YES 2 pecify) IBE HOW II ON (Street a bown, State) a) and mand place, and	AUTOPSY MED? NO NJURY Octored Number as stated due to the 29d, DAT	CURED To or Rural II ted. The cause(4) E SIGNED G Q	Interval Betwee Onzet and Deat WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 (I NO Route Number,	s
BE COMPLETED BY PHYSICIAN: MEDICAL	SHOCK, Or heart Islium IMMEDIATE CAUSE (Finst disease or condition resulting in deeth) Sequentially list conditions, if smy, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury thet initisted events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicida Investigation 3 Suicida Gertifying Physic (Check only one) 29a. CERTIFIER (Check only one) 30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, Day, Year)	DUE TO DU	COR AS A CONSI COR AS A CONSI	EOUENCE OF LEOUENC	DEATH OTHER 4 Nursi E OF URY M street, facto	H YI 26. PL :ing Hommon 1	CSUSE G CSUSE G ACE OF DI 5	NO EATH (Check aldence 8 NO and due 1 and due 1 and due 1 and due 1	Part I. 24 1 1 Other (S 28d. DESCR City or 7 o the cause(ime, deta and BER	a. WAS AN PERFOR YES 2 pecify) IBE HOW II ON (Street a bown, State) a) and mand place, and	AUTOPSY MED? NO NJURY Octored Number as stated due to the 29d, DAT	CURED To or Rural II ted. The cause(4) E SIGNED G Q	Interval Betwee Onset and Deat WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 (F NO Route Number, a) and manner as stated. 2 (Month, Day, Year) 8 7 4	s
BE COMPLETED BY PHYSICIAN: MEDICAL	SHOCK, Or heart Islum IMMEDIATE CAUSE (Finst disease or condition resulting in deeth) Sequentially list conditions, if smy, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida S Could not be determined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND IT LE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO 30. NAME AND ADDRESS OF PERSON WHO 31. NAME AND ADDRESS OF PERSON WHO 32. NAME AND ADDRESS OF PERSON WHO 33. NAME AND ADDRESS OF PERSON WHO ADDRESS OF PERSON WHO ADDRESS OF PERSON WHO ADDRESS OF PERSON WHO 34. NAME AND ADDRESS OF PERSON WHO A	DUE TO DU	COR AS A CONSIDER OF INJURY AT A CONSIDER OF DEATH (IT	EOUENCE OF LEOUENC	DEATH OTHER 4 Nursi E OF URY M street, facto	H YI 26. PL :ing Hommon 1	CSUSE G CSUSE G ACE OF DI 5	NO EATH (Check aldence 8 NO and due 1 and due 1 and due 1 and due 1	Part I. 24 1 1 Other (S 28d. DESCR City or 7 o the cause(ime, deta and BER	a. WAS AN PERFOR YES 2 pecify) IBE HOW II ON (Street a bown, State) a) and mand place, and	AUTOPSY MED? NO NJURY Oct one Automatical and Aumber as stated due to the second automatical and automatical and automatical	CURED To or Rural II ted. The cause(4) E SIGNED G Q	Interval Betwee Onset and Deat WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 (F NO Route Number, a) and manner as stated. 2 (Month, Day, Year) 8 7 4	s

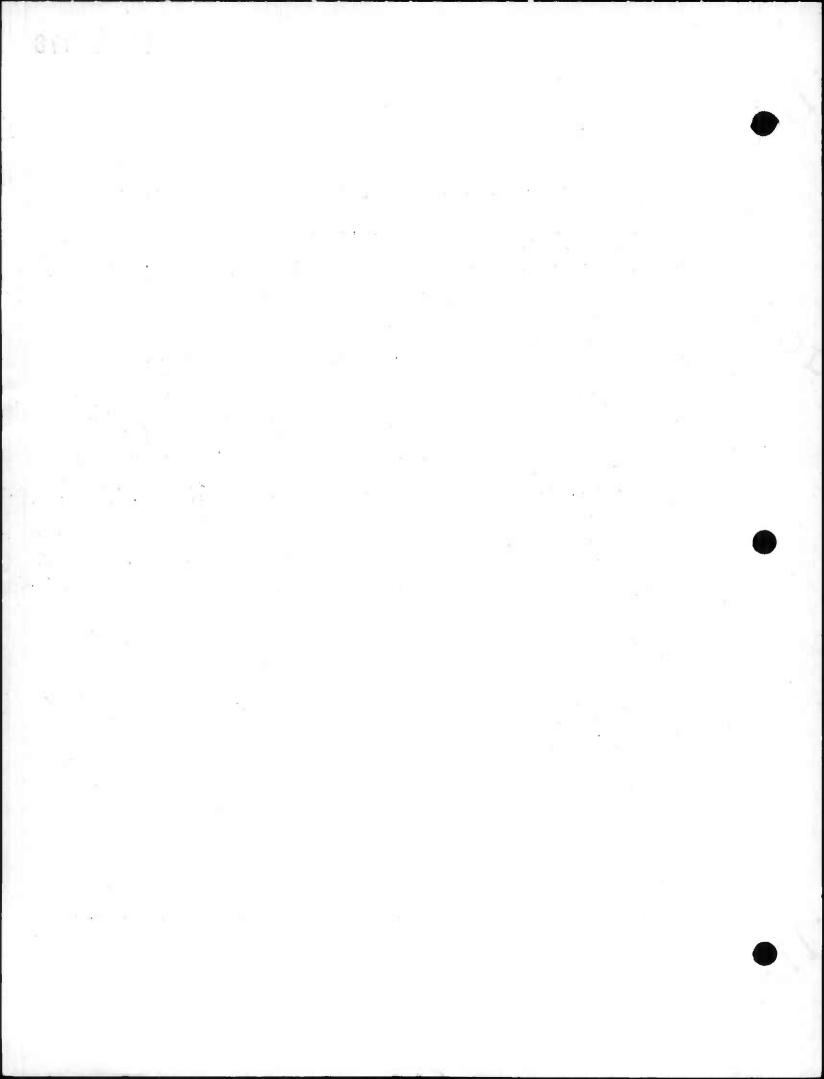
TYCE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL C	THE FUNERAL D	he filed within 72 ht	MPORTANT: If it

	FOR 1 • STATE REGISTRAR	STATE OF A		/ DEPAR					HYGIEN REG. NO.				
\Box	1. DECEDENT'S NAME (First, Middle	o, Last)		<u> </u>	OATE		AIII	2. DATE OF				3. TIME OF OEATH	\neg
	ANNA SLATER	2						JUNE	DA	1994	YEAR	11:40 P.	
	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR						BIRTH	1994	8. BIRTI	IPLACE (State or Foreign	,
	132-36-1670 9e. FACILITY NAME (If not institution	1 🗆 M 2 🗶 F	90	YRS.	MONTHS DA			Jan.			Po1	and	
DIRECTOR	1801 E. JEFFER	RSON STREET,	#T11		POCKY			EATN		MONT	GOMI		
) 		COUNTY		10c. CITY	, TOWN OR LO	CATION					_	10d. INSIDE CITY	\dashv
	Maryland Mo	ontgomery			Rockv							LIMITS? 1 XYES 2 NO	
FUNERAL	1801 E. Jeffer	son Street.	#T11			101. ZIP C)852					what country? States	
Ž	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.		13. WAS			NIC ORIGIN?	Specify Yea		14. RAC	E — American Indian,	\dashv
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	d FORCES? 1 IF YES, GIVE W		X NO			NO Specif	nn, Puerto Rici	an, etc.)		Spec	k, White, etc. #y: White	
	15. OECEDENT (Specify only highes		16a.	DECEDENT'S (Give kind of v	rork done durin		orking	16b. Ki	NO OF BUS	SINESS/IND	USTRY	WILLE	\dashv
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	·)	ife. Do NOT use retired.) Homemaker					Ωw	n Hor	ne		
N O	17. FATNER'S NAME (First, Middle, L.	ast)		Hol	СМСКС		AOTHER'S NA	ME (First, Mid			ис		\dashv
	Nathan Lavi	ne					eah		nknow				J
BE	19e. INFORMANT'S NAME (Type/Prin	nt)		19b. MAILING	ADDRESS (Str	et and Nun	mber or Rural	Route Number,	City or Tow	n, State, Zip	Code)		
입	Gary Tepper (g	randson)		8 Fai	irwood	Cour	t, Ro	ckvil]	Le, M	D 20	0850		
	20e. METNOD OF DISPOSITION 1 TR Burlal 2 Gremetion 3			crematory or of				DATE		CATION —			\neg
	4 Donatton 8 Other (Specifical, Sent)		вет	n Dav	_		DRESS OF FA		S ETM	ont,	New	York	-
- 1	· Was	1							MEMOI	RIAL	CHAI	ELS, INC.	
-	23. PART i. Enter the disease	and samplessies the	A d Ab .	dien Die								MARYLAND :	2085
		e. Mel	se on each	line.		moda oi	dying, add	m aa esroia	c or reep	iratory em	951 ,	Approximata Interval Between Onset and De	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST B. Brant Cancus DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause Congestive Heart Karline. Hyperterson								Ia. WAS AN PERFOR	RMED?	246	WHE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? 1 YES 2 NO	7
SIA	25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:	26. PLACE OF DEATN (Check only one)										
S	1 TES 2 TO NO	1 Inpatient 2	ER/Outpatien	3 🗆 DDA	OTHER:	Nome 5	Reeldence	8 19 Other (S	Specify)	Assist	tel.	Louing	
Y PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pendin			28b. TIM	URY	INJURY AT WORK?		28d. DESCR	NBE HOW I	NJURY OC	CUREO	,	
ED BY	2 Accident Investig 3 Suicide 8 Could 4 Nomicide determ	not be 28e. PLACE C building.	F INJURY — Al etc. (Specify)	t home, term, s	treet, factory,	To YES 2 NO Office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	29e. CERTIFIER	PHINDICIAN TO the board of			. 0'25 is	a source	i saw		E 85 m	73740000			\dashv
COMPLETED		PHYSICIAN: To the best of eXAMINER: On the basis of e										e) and menner ee stated	ı.
BEC	296. SIGNATURE AND TITLE OF CE	RTIFIER		4		29c. (LICENSE NUI	3357)			(Month, Day, Year)	\neg
2	36 MOME AND ADDRESS OF PERS	ON WHO COMPLETED CALL	SE OF DEATH (ITEM 271 / Years	Privit	_	10.0	7	-	-10	NE 2	7, 1994	_
	LEE JONATHAN M	USHER, M.D.	; 1801	EAST		SON S	ST., I	ROCKVI	LLE,	MARY	LAND	20852	
	31. DATE FILED (Worth, Day, Year)	94 Julia Da	R'S SIGNATUR	ander									



$\overline{}$	
T.	
P	
5	
_	
ΠÎ	
~	
-	
0	
TIMORE	
=	
-	
_	
BALT	
m	
_	
_	
68760	
7	
8	
9	
BOX	
$\mathbf{\omega}$	
0	
0	
4.0	
RDS	
α	
Ö	
\sim	

DIVISION OF VITAL REC

BALTIMORE, MARYLAND 21215-0020	with nours after death. Page 6 may be retained by the hospital or attending physici	THE PRINCES AND ACCOUNTS AND ADDRESS OF THE PRINCES AND ADDRESS OF THE PRIN
	nours after	and in head
094	ted with.	a chandada 6
80 X 68	te be execu	mining and
P.O. E	ath certifica	Handing ale
DIVISION OF VITAL RECORDS, P.O. BOX 68760	O THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w	singed by the of
VITAL RI	AN: The law rec	different has been
ION OF	VDING PHYSICI	After ohio con
DIVIS	AL DR ATTEN	COMPAND IN
	HE HOSPITA	ACTIVITY TO
		F

Civil of All All All All All All All All All Al	BALLIMORE, MARTLAND ZIZIS-0020
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Hours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should if the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be notified at once.

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) James Russell Shade, Jr.	REG. NO.				
James Russell Shade, Jr.	2. DATE OF DEATH 3. TIME OF DEATH				
	June 27, 1994 /: 39 P, M				
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign				
188-07-2241 1X M 2 L F 79 YRS.	Mar. 5, 1915 Pennsylvania				
99. FACILITY NAME (If not institution, give street and number) Holy Cross Hospital FRESIDENCE OF DECEDENT 109. STATE 109. COLVY, TOWN OR LOCATION Maryland Montgomery Rockville					
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY				
Maryland Montgomery Rockville	LIMITS?				
	10g. CITIZEN OF WHAT COUNTRY?				
100. STREET AND NUMBER 101. ZIP CODE 1711 Tweed Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF IT WES, appecify Cuben, FORCES? 1 TYPES, appecify Cuben, If yes, appecify Cuben, If yes, appecify Cuben, It yes					
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF	HISPANIC ORIGIN? (Specify Yea or No. 14. RACE — American Indian,				
1 Never Merried 2 Married FORCES? 1 X YES 2 NO If yes, specify Cuban, 1 YES, GIVE WAR OR DATES 1 YES 2X NO	Mexican, Puerto Rican, etc.) Specify: Specify: Specify:				
a www.ii	White				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) 5+ 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Teacher and Administrator 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER	16b. KIND OF BUSINESS/INDUSTRY				
Elementery/Secondary (0-12) College (1-4 or 5+) Teacher and Administrator	Education				
O 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER	Education R'S NAME (First, Middle, Meiden Surneme)				
	sie June Lauver				
100 INFORMANT'S NAME (Top Office)	r Rural Route Number, City or Town, State, Zip Code)				
Anna T. Shade 1711 Tweed Street	Rockville, Maryland 20851				
20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of	DATE 20c. LOCATION — City or Town, State				
1 M Buriel 2 Cramation 3 Removal from State cemetery, cremetory or other place) 4 Donation 5 Other (Specify) Gate of Heaven Cemetery	y 7/1/94 Silver Spring, Maryland				
21. SIGNATURE OF TUNERAL SERVICE LICENSEE	of FACILITY Collins Funeral Home, Inc.				
	sity Blvd., W. Sil.Spr., MD 20901				
23. PART I. Enter the diseases, or complections that caused the death. Do not enter the mode of dying	g, such as cardiac or respiratory arrest, Approximete				
shock, or heart feliure. List dily one cause on each line. IMMEDIATE CAUSE (Final	Intarval Between Onset and Death				
disease or condition resulting in death)	Duto for				
DUE TO JOH AS A CONSEQUENCE OF):	7 days				
Sequentially list conditions, The Alverd februlations	Than				
if any, leading to immediate cause. Enter UNDERLYING	heroseteroxii				
CAUSE (Disease Dr Injury Due to join as a consequence of	wareveren .				
that initiated evente reaulting in deeth) LAST					
d					
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause give					
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause give					
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause give	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE				
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause give	PERFORMED? 1 YES 2 NO NO COMPLETION OF CAUSE OF DEATH?				
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause give	PERFORMED? 1 YES 2 NO NO COMPLETION OF CAUSE OF DEATH?				
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause give	PERFORMEO? 1 YES 2 NO NAMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NTH (Check only one)				
PART II. Other algnificent conditions contributing to deeth but not raculting in the underlying cause gives the conditions of the conditio	PERFORMEO? 1 YES 2 NO NAMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NTH (Check only one) dence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
PART II. Other algnificent conditions contributing to deeth but not raculting in the underlying cause gives the condition of the conditions of the condition	PERFORMED? 1 YES 2 NO AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ATH (Check only one) dence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
PART II. Other algnificent conditions contributing to deeth but not raculting in the underlying cause gives the condition of the conditions of the condition	PERFORMEO? 1 YES 2 NO NAMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NTH (Check only one) dence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
PART II. Other algnificent conditions contributing to deeth but not raculting in the underlying cause gives the condition of the conditions of the condition	PERFORMEO? 1 YES 2 NO AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ATH (Check only one) dence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
PART II. Other algnificent conditions contributing to deeth but not raculting in the underlying cause gives the condition of the conditions of the condition	PERFORMEO? 1 YES 2 NO NTH (Check only one) AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NTH (Check only one) 28d. DESCRIBE HOW INJURY OCCURED NO 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
PART II. Other algnificent conditions contributing to deeth but not raculting in the underlying cause gives the condition of the underlying cause gives a second contributing to deeth but not raculting in the underlying cause gives a second condition of the underlying cause gives a	PERFORMEO? 1 YES 2 NO AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO 28d. DESCRIBE HOW INJURY OCCURED NO 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) and due to the ceuse(s) end menner as stated.				
PART II. Other algnificent conditions contributing to deeth but not raculting in the underlying cause gives the condition of the underlying cause gives a second of the condition of the underlying cause gives a second of the condition of the underlying cause gives a second of the condition of the underlying cause gives a second of the underlying cause gives a second of the underlying cause gives a second of the underlying cause gives a second of the underlying cause gives a second of the underlying cause gives a second of the underlying cause gives a second of the underlying cause gives a second of the underlying cause gives a second of the underlying cause gives a second of the underlying cause gives a second of the underlying cause gives a second of the underlying cause gives a second of the underlying to deeth but not recuiring in the underlying cause gives a second of the underlying cause gives a second of the underlying cause gives a second of the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying in the underlying cause gives a second of the underlying caus	PERFORMED? 1 YES 2 NO NO TH (Check only one) dence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED NO 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) and due to the ceuse(s) end menner as stated. If the time, date and pleca, end due to the cause(s) end manner as stated. SE NUMBER 29d. DATE SIGNIBO (Month, Day, Year)				
PART II. Other algnificent conditions contributing to deeth but not raculting in the underlying cause gives the condition of the underlying cause gives a condition of the underlying in the underlying cause gives a condition of the underlying cause gives a condition of the underlying cause gives a condition of the underlying in the underlying cause gives a condition of the underlying in the underlying cause gives a condition of the underlying in the underlying cause gives a condition of the underlying cause gives a condition of the underlying cause gives a condition of the underlying cause gives a condition of the underlying cause gives a condition of the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause	PERFORMED? 1 YES 2 NO AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NTH (Check only one) dence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED NO 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) and due to the ceuse(s) end menner as stated. I at the time, date and place, end due to the cause(s) end menner as stated. SE NUMBER 29d. DATE SIGNED (Month, Day, Year)				
PART II. Other algnificent conditions contributing to deeth but not raculting in the underlying cause gives the condition of the underlying cause gives a condition of the underlying in the underlying cause gives a condition of the underlying cause gives a condition of the underlying cause gives a condition of the underlying in the underlying cause gives a condition of the underlying in the underlying cause gives a condition of the underlying in the underlying cause gives a condition of the underlying cause gives a condition of the underlying cause gives a condition of the underlying cause gives a condition of the underlying cause gives a condition of the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause gives and the underlying cause	PERFORMED? 1 YES 2 NO NO TH (Check only one) dence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED NO 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) and due to the ceuse(s) end menner as stated. If the time, date and pleca, end due to the cause(s) end manner as stated. SE NUMBER 29d. DATE SIGNIBO (Month, Day, Year)				

era.

2

.

, e

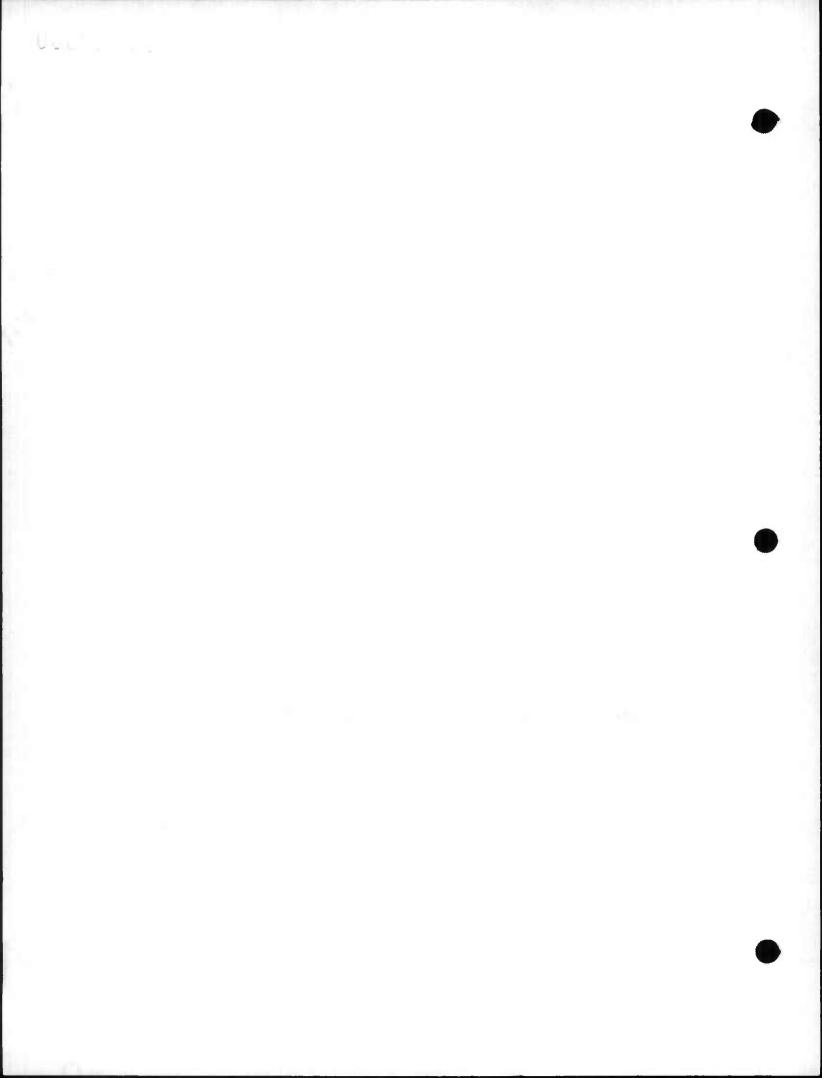
E, MARYLAND 21215-0020
BALTIMORI
•
BOX 68760
o
Ρ.
RECORDS,
AL
E
>
ш.
0
DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last	0				2. DATE OF DEATH	-	3. TIME OF GEATH
		Beulah Mars	ston St. J	ohn			1994	2:58 A M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	e. BIR	THPLACE (State or Foreign
	577-12-4912	1 □ M 2 🏋 F	88 YRS.	NTHS DAYS	HOURS MIN,	(Month, Dey, Year) April 17	Cou	mny) irginia
	9e. FACILITY NAME (If not institution, give	street end number)	96	CITY, TOWN	R LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
DIRECTOR	5316 Portsmouth	Road		Beth	esda		Montgo	omery
낊	10e. STATE 10b. COUN	ITY	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
뜶	Maryland 1	Montgomery		Beth	e paga			LIMITS? 1 TES 2 XXNO
	10e. STREET AND NUMBER	Monegomery			ZIP CODE		Tan- CITITEN OF	WHAT COUNTRY?
2	5316 Portsmouth	boad		100	20816			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN II C ADMED	40 400 000		#0 0Blone #0 . # W	United	
	1 Never Merried 2 Merried	FORCES? 1 YES	2 V NO	If yes, sp	cify Cuben, Mexice	IIC ORIGIN? (Specify Yes n, Puerlo Rican, atc.)	or No- 14. RA	CE — Americen Indien, ack, White, etc.
à	\$√₩ Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 🗌 YES	2 XXX Specifi	<i>t</i> :	Sp	ecity:
	15. OECEDENT'S EC		16e. DECEDENT'S USE	JAL OCCUPATIO	NN .	165 KIND OF BU	I SINESS/INDUSTRY	White
Ē	(Specify only highest grad Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo	st of working	iou kino or bo	SIII.2507 III.2500 TAT	
2	12	College (1-4 or 5+)	Homen	aker		0.	n Home	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-	Homen	Idaci	18 MOTHER'S NA	ME (First, Middle, Malden		
	Togenh 1	Vernon Marsto	n					
띪	19e. INFORMANT'S NAME (Type/Print)	vernon Marsto		DBP00 (O		May Riter Route Number, City or Tow		
임								1 00016
	Merrily Hardisty 200. METHOO OF DISPOSITION					Bethesda,		
	1 Burlel 2 Cremetion 3 Re	moval from State COI	b. PLACE AND DATE OF D metery, cremetory or other	plece)	6,	24/94	CATION — City or	
	4 Donation 6 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE L		ontgomery	1				Maryland
	STATE OF STATE SERVICE) 1/			D ADDRESS OF FA	RODert	A. Pum	phrey Funeral
	1 hickely	(Y. J. with	M00348			-Chevy Cha		
IMMEDIATE CAUSE (Final disease or condition reaulting in death) a. Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF): Arteriosclerotic Cardivascular Disease DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):				Onest and Daath				
- 11	DART II Oak - distallaria - and stall							
MEDICAL	PART if. Other eignificent condition	ins contributing to deeth t	but not resulting in t	he underlying	cause given in	Part I. 24a. WAS AN PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF D		ES NO	16.5		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL THER:	ACE OF DEATH (Ch	eck only one)		
2	1 💢 YES 2 🗌 NO	1 Inpetient 2 ER/Out	petient 3 DOA 4	Nursing Hom	5 Nesidence	6 Other (Specify)		
표	27. MANNER OF DEATH 1 V Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	wo	JRY AT RK?	28d. DESCRIBE HOW I	NJURY OCCURED	
à	2 Accident Investigation				ES 2 NO			
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)				l Route Number,		
COMPLETE	290. CERTIFIER	CICIAN. To Man have a second	494s New 2	0.5 1 sz.				
E I		SICIAN: To the best of my know NER: On the besis of examination						
3			on endow investigation, in	Thry opinion, a	ann occured at the	time, date end place, en	id due to the cause	e(e) and menner as stated.
u l	296. SIGNATURE AND THESE OF CERTIFI	Oll	1.1	1/9	29c. LICENSE NUI	BER	29d. DATE SIGNI	ED (Month, Day, Year)
5	Sille	etter	111		D07099		June	24, 1994
-	30. NAME AND ADDRESS OF PERSON W	4						
	Francis C. Mayle,	Jr., M.D.	10215 Fern	wood R	oad, Bet	hesda, Mar	yland 2	20817
	31. OATE FILED Month. Day 1944	12 REGISTRAR'S SIGN	pondelle					
	1111							



BALTIMORE, MARYLAND 21215-0020

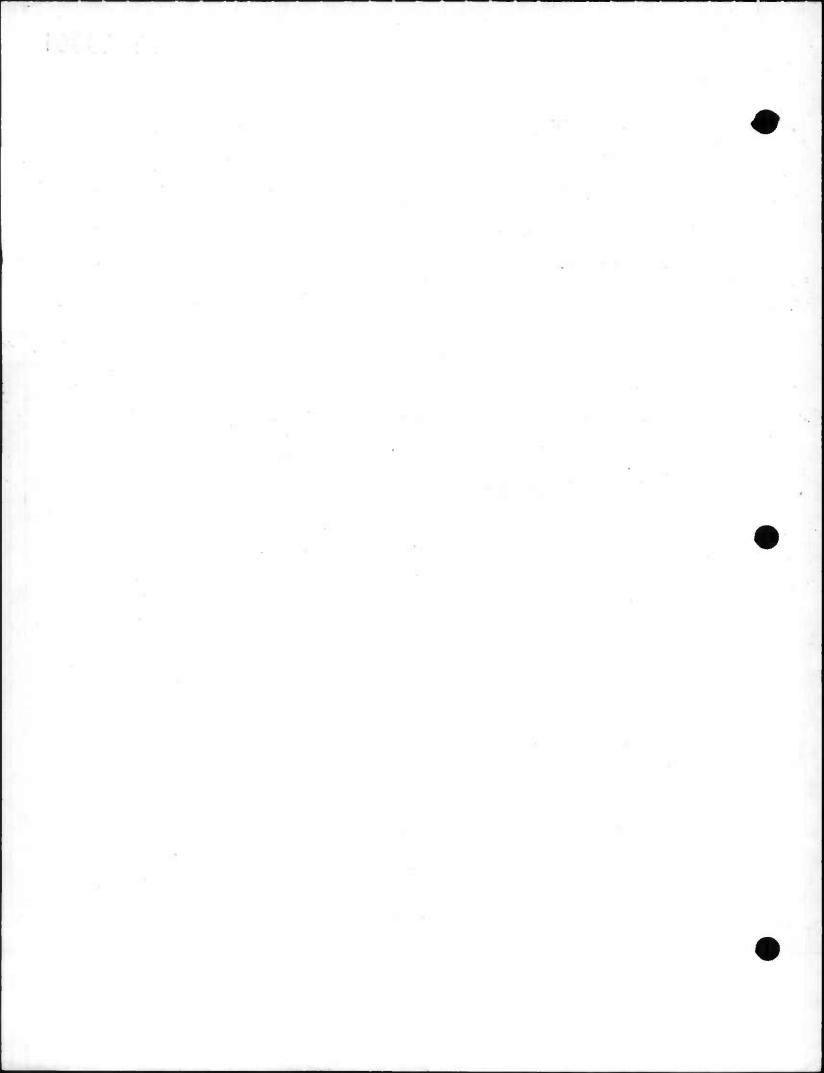
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) HELEN HOPK	CINS SNYD				2. DATE OF DEATH	AY Y	3. TIME OF DEATH 11:00 AM M
	4. SOCIAL SECURITY NUMBER 578-32-5471	5. SEX 6. AGE (1		UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	Jan 17,		BIRTHPLACE (State or Foreign Country) Varyland
OR	90. FACILITY NAME (If not institution, give a Holy Cross Hospi		9b.		ver Spri		9c. COUNTY	of DEATH Ontgomery
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CITY, TO	WN OR LOCAT	ON			10d. INSIDE CITY
<u>=</u>		tgomery	Silve	Sprin				1 YES 2 NO
RAI	100. STREET AND NUMBER 12721 Deer Park 1	Orive		1,740	ZIP CODE			n of what country?
ON	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Ye		. RACE — American Indian,
BY FUNERAL DIRECTOR	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	Z KINO ATES		cify Cuban, Mexica 2 X NO Specify	n, Puerto Rican, atc.)		Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done durina mos		16b. KIND OF BU	SINESS/INDUS	TRY
MPL	12	College (I-4 of 5 T)	Housewi	fe		I	Homemal	ker
BE CO	17. FATHER'S NAME (First, Middle, Lest) S. Haywood Hopk	ins			18. MOTHER'S NA Margare	ME (First, Middle, Meiden t Love	Surname)	
TO B	19. INFORMANT'S NAME (Type/Print) Don Jenkins					Noute Number, City or Tow Wheaton, M		
	20s. METHOD OF DISPOSITION 1 CyBurlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	loval from State 20b.	PLACE AND DATE OF DI etery, cremetory or other r St. Mark's	sposition(Na	ne of 6/29	/94ATE 20c. LC Si	cation — city	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LA		oc. Hark o	22. NAME AN	o address of fa s-Rinald	i Funeral		ver Spring MD
23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): d.				t, Approximste interval Between Onaet and Death				
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition	s contributing to death b	ut not resulting in th	e underlying	cause given in	Part i. 24e. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	28. PL	ACE OF DEATH (Ch	eck only one)		
HYS	1 ☐ YES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	Nursing Home 28c. INJI		S Other (Specify) 28d. OEŞCRIBE HOW	NJURY OCCUP	RED
ВУР	Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	M 1 V				
	3 Suicide S Could not be detarmined	28s. PLACE OF INJURY building, atc. (Speci	— At home, farm, street	, factory, office		281. LOCATION (Street City or Town, State)	end Number or	Rural Route Number,
COMPLETED		ICIAN: To the best of my knowless: On the beele of examination						ause(a) and manner ee stated.
BE	See AND TITLE OF CENTIFIE	Juin	· , W	5	DZ5	080	29d. DATE S	IGNED (Month, DAy, Year)
2	TOUL No.	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Prin	Ge	rigica	Ave,	5:10	Y Sprie UM
	JUN 2 9 1994	Julia Daydon	Mandell .		0			JIM



, MARYLAND	
Z	
4	
7	
=	
~	
щ	
⋖	
5	
_	
BALTIMORE ,	
~	
<u>u</u>	
0	
5	
=	
\vdash	
Ø	
m	
-	
0	
9	
-	
8	
Θ	
×	
\sim	
\simeq	
20	
s, P.O. BOX 68760,	1
0	
0	

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last

Mary Geraldine Spontak

DIVISION OF VITAL RECORDS

6. AGE (In yrs. last birthday) HOURS 1 🗌 M 2 🙀 F YRS. 174-12-2149 July 6, 73 permit. Pages 1, 2, 3 should 90. FACILITY NAME (If not institution, give street and number)
Shady Grove Comfort Inn
16216 Frederick Rd. Room #702
RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Rockville 10e. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION Pennsylvania Allegheney Pittsburgh FUNERAL 10f. ZIP CODE be detached for use as the burial-transit 900 Elizabeth Street 15221 hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-21215-0020 1 Never Married 2 X Married If yes, specify Cuben, Mexicen, Puerlo Rican, etc.) 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 Home Maker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname the To Rudolph Leslie retained by BE Gertrude Miller funeral director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lawrence Spontak 900 Elizabeth St., Pittsburgh, PA 15221 pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Braddock Catholic Cemetery 6/27 Pittsburgh, Pennsylvania 4 ☐ Donetion 8 ☐ Other (Specify) 21 SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY De Vol Funeral Home E. Deer Park Dr., Gaithersburg, 10 filled in by the medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart)fallure. List only one cause on each line. 6 IMMEDIATE CAUSE FIRE disease or condition cremation, the . Myocardial Infarction pletely resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) and com traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to attending physician ntal Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 0 signed by the atter injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL апу t, of H has be Dept. DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) After this certificate death with the State HOSPITAL OTHER 1 XYES 2 | NO Inpatient 2 - ER/Outpatient 3 - DOA 4 | Nursing Home 5 | Residence 8X Other (Specify) | Comfort Inn Hotel 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT marked, 1 K Netural f YES 2 NO BΥ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be DIRECTOR: hours after 4 Homicide 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated. (Check only one) TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT; If II 2 X MEDICAL EXAMINER: On the 29b. SIGNATURE AND LITTE OF CERTIFIER Sc. LICENSE NUMBER BE ≥D07099 2 Francis C. M.D. 10215 Fernwood Rd. #301, Bethesda, Maryland 20817 May1e 31. DATE FILED MAPPIP. 7"1994 32 HE STRAB'S SIGNATURE ON CASE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS

June

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF DEATH 3. TIME OF DEATH DAY 1994 27. 6:35 A. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1920 Pennsylvania 9c COUNTY OF DEATH Montgomery 10d. INSIDE CITY 1 X YES 2 NO U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Own Home 20c. LOCATION - City or Town, State MD 20877 Approximate Interval Between Onset and Death Acute 24a. WAS AN AUTOPSY PERFORMED? 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 X NO 1 TYES 2 TNO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) death occured at the time, date end place, end due to the ceuse(e) end manner ee stated. 29d DATE SIGNED (Month Day Hurt June 27, 1994

DHMH-16 Rev 1/89

Stre c.

	١
	ą
0	4
0	
_	,
-	
00	- 1
0.1	
_	
_	1 1 1 1 1 1 1 1 1 1
$\overline{}$	2
_	
ш -	
_	
\cap	1
_	
Α'	
ш.	1
, P.O. BOX 68760	
U)	
_	-
<u> </u>	
_	
$\overline{}$	-
_	
111	•
-	
~	
_	
-0	1
Q.	
_	1
	ľ
_	2
_	4
	i
<u> </u>	ž
	3
_	1
N OF VITAL RECORDS	
Z	
5	1
_	ž
_	3
'n	i
00	-1
_	- 5
~	
	-
DIVISI	4

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF H		MENTAL HYGIEN	E		
	t. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	VF VF	3. TIME OF DEATN	
		ANDE			JUNE 24,	1994	6:20 A. M	
2	4. SOCIAL SECURITY NUMBER 265-72-6621	5. SEX 6. AGE (In yrs. lest 1	VRS. IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) FEB. 1, 1		SHITHPLACE (State or Foreign Country)	
TOR STORE	99. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF GEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH							
AL DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MARYLAND MONTG	OMERY	10c. CITY, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	100. STREET AND NUMBER 6121 MONTROSE ROA	D	I	20852			OF WHAT COUNTRY? ED STATES	
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	O If yes, sp	ecify Cuban, Mexical 2 NO Specify	HC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, atc. Specify: WHITE	
LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+) (Giv	CEOENT'S USUAL OCCUPATION IN THE REPORT OF WORK BOTH OF WORK BOTH ON THE REPORT OF THE PROPERTY OF THE PROPERT	ON est of working	t6b. KIND OF BUS			
once.	12	CL	ERK			AZINE		
<u>8</u>	17. FATNER'S NAME (First, Middle, Last) YISSACHA	51221132		MATT	DOZIII	N		
10 10		AUGHTER) 22	MAILING ADDRESS (Street & 25 ROSS ROAL)					
must	20s. METHOD OF DISPOSITION 1A Burlat 2 Cremation (3A) Remo 4 Donation 5 Other psecify	KING D		AL GARDEN	6/26 FALI	CATION — City LS CHUR	or Town, State CCH, VIRGINIA	
val.	21. SIGNATURE OF FUNERAL SERVICE LICE	h Hise	DANZAI				IAPELS, INC.	
ntal tygiene prior to burial, cremation, or removing, or other traumatic event, the medical CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECU	UENCE OF): Y C C T H VENCE OFF:	FARCI		ratory arreat,	Approximata interval Between Onset and Death, Sciddon	
any inju	PART II. Other significant conditions	contributing to death but not re	eaulting in the underlying	g cause given in	Part I, 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
shows					-	^	1 TES 2 NO	
State Item	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHER:	ACE OF DEATN (Che				
The P	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ		28d. DESCRIBE NOW I	NJURY OCCURE	ED	
after de 28 is	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At hom building, atc. (Specify)	ne, ferm, streel, factory, offic	•	281. LOCATION (Street of City or Town, Stete)	and Number or R	ural Floute Number,	
보고 보	1	IAN: To the best of my knowledge, dest					use(e) end manner se stated.	
B 2 H	29b. SIGNATURE AND TITLE OF CERTIFIER) .		29c. LICENSE NUM	BER 9		NED (Month, Day, Year)	
2 = 2	30. NAME AND ADDRESS OF PERSON WHO LORETO S. ALBIOL,			ر بر در در در در در در در در در در در در در	BETHESDA,		814-3107	
	JUN 2 7 1994	30. REGISTRAR'S SIGNATURE Julia Davidson-Rand				-		

891...188

		pino
		S.
		67
		-
		Sage ²
		permit.
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	completely med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
ŏ	8	pe
'n	ugu	SE
7	afte	88
7	9	D 70
2	ortal	P
Ħ	SOU	Che
4	Pe	deta
7	y t	90
r	Pa	P
4	ain	Sho
Σ	100	S
ıî	Pe	30e
T	E B	ď.
0	9	900
Σ	oge	dire
	or.	100
7	eat	5
n	9 70	he
_	afte	7
	20	Ξ.
-	2	pa !
4		completely med in by the
	-	ete
Ď	*	ID I
-	8	0 7

DIVISION OF VITAL RECORDS, P.O. BOX 68760

hours after death. Page 6 may be retained by the hospital or attend	JNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery mied in by the funeral director, page 5 should be detached for use as	
9	0 70	
pita	pa pa	
Pos	ach	
the	det	
3	8	
Ded	prid	
etai	Sh	
be	36.5	
lay.	pa	
E 1	Stor,	
age	dire	
ď.	西	
Seatt	fun	
ter (the	oval.
20	4	LE H
100	u p	6
	E.	on.
	ten	mati
×	nple	Cre
rted	00	naj,
DOBC	and	P
e e	ian	of Y
ate	ySic	Pa.
tific	100	ene
je j	Min	EX
eath	atter	Ital
De d	the	Mer
at th	2	and
S	Ded	臣
uire	Sig	Hea
red	een	0
MB.	as b	Dept
The	ite h	ate [
AN:	lifica	Si
SICI	cer	#
도 도	this	With
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	ther	ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
NON	A. A	or de
E	901	afte
H A	IREC	SIN
10	07	5 ho
PITA	ERA	7 6
8	Z	章

	1. DECEDENT'S NAME (First, Middle, Last)					OF DEAT	2.	REG. N DATE OF DEATH MONTH	DAY	YEAR 3	. TIME OF DEATH			
	DAVID ARNOLD SAC	KNOFF					J	UNE 15	19	94	0042 a			
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. la		IF UNDER 1 Y	EAR IF UNDER 2		DATE OF BIRTH (Month, Day, Year)	Year) Cou		ACE (State or Foreign			
	131 05 0496	131 05 0496 TAM 2 75 YAS.						1/2/19		Maine				
œ		and the same of th				OWN OR LOCATION			9c. COUNTY OF DEATH					
DIRECTOR	Malcolm Grow Me	dical Cen	ter		And	rews AF	В		Prin	ce Ge	eorges			
JEC	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR I	LOCATION				1	Od. INSIDE CITY			
	Virginia Fai	rfax		Fai	irfax		1							
FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZ	AT COUNTRY?				
Ž	4719 Pickett Roa					2203			USA					
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AI	RMED NO	If yes, specify Cuban, Maxican, Puerto Rican, etc.) Ble						- American Indian, White, atc.			
2	3 🖾 Widowed 4 🗌 Divorced	IF YES, GIVE WA	AR OR DATES		10	YES 2 NO			Specify:					
0	15. DECEDENT'S EDU		16a. D	ECEDENT'S	USUAL OCCL	JPATION		16b. KIND OF E	USINESS/INDU	Whi	te			
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		Give kind of a le. Do NOT us	work done duri	ng most of working								
I I		4		resid	dent									
COMPLET	17. FATHER'S NAME (First, Middle, Last)			President Credit Uni 18. MOTHER'S NAME (First, Middle, Meiden Surneme)										
BE	Samuel Sacknoff			Anna Gourse 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
0	19a. INFORMANT'S NAME (Type/Print)													
	Craig W. Sacknoff 9525 Jomar Dr. Fairfax, Virginia 22032 20a METHOD OF DISPOSITION 1 Burtel 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION [Name of cemetery, crematory or other place] DATE 20c. LOCATION — City or Town, Semetery, crematory or other place)													
	1 🛱 Burtel 2 🗆 Cremation 3 🗆 Rem	noval from Stata	cemetery cr	nametony or o	ther place!									
	4 Donation 5 Dother (Specify) Arlington National Ceme. 6/22 Arlington, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Demaine Funeral Homes, Inc.													
n	Demaine Funeral Homes, Inc. Alexandria, Virginia 22314													
	23. PART I. Enter the diseases, of complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory erreat, ehock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): CORONARY ARTERY DISEASE													
O	Sequentially liet conditions,													
AT	If any, leading to immediate cause. Enter UNDERLYING SYMPTOMATIC LARGE ABDOMINAL AORITC ANEITRYSM													
RTIFICATION	CAUSE (Disease or Injury that Initiated evente Due TO (OR AS A CONSEQUENCE OF):													
CERT	resulting in death) LAST													
	PART II. Other algnificant condition	ns contributing to d	ven in Par	t I. 24s. WAS	AN AUTOPSY	24b. W	/ERE AUTOPSY FINDII							
MEDICAL						PERF	ORMED?	A	MAILABLE PRIOR TO					
밀				1 TYES	2 NO		F DEATH?							
											23 10			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLACE OF DE	ATH (Check	only one)						
2	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	Home 5 Ras	Idence # [Other (Specify)						
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF I (Month, Day		28b. TIM	JURY	c. INJURY AT WORK?		d. DESCRIBE HOY	V INJURY OCC	URED				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At he				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of n	my knowledge, d	leath occurr	ed at the time	, data and place,	and due to t	he cause(a) and n	nanner as state	d.				
											and menner as state			
OM	/ /			ny opinion, death occured at the time, data and place, and due to the cause(a) 29c. LICENSE NUMBER 29d. DATE SIGNED (
	200 SIGNATURE AND TITLE OF CENTIFIE	n	29c. 1					t :-	29d. DATE	SIGNED (A	fonth, Day, Year)			
D BE COMPLET		"Lov	an			29c, LICEN	SE NUMBE		- N					
		voite	MD E OF DEATH (ITE	EM 27) (Type	. Priviti				▶ JI	UNE 1	5 1994			
BE	28. SIGNATURE AND TITLE OF CENTIFIE 30. NAME AND ADDRESS OF PERSON W	voite	MD	EM 27) (Type,	. Privrj	Ma	alcol	n Grow l	▶ JI	UNE 1 1 Cen	5 1994 ter			



JOHN D MARTIN, MA.

31. DATE GLED (Month, Day, Year)

JUN 3 0 1994

•
9
9
-
8
Θ
\checkmark
2
O
B
-
0
Δ.
_
CO
~
Œ
\circ
\tilde{a}
9
ш
œ
7
۹.
⊢ .
_
_
L
ō
7
~
O
U)
=
_

0	Δ	
5	9	
ē	S	
te	a	
2	SS	
0	1	
100	Ð	
Ö.	8	
ő	등	
9	ega	
€	Ó	
3	2	
P	모	
9	ᅙ	
aga	S	
2	S	
ã	- 8	
3	2	
E	8	
9	ĕ	
96	Ē	
E	0	
ė.	2	
a	5	
ő	4	_
107	Ē	Na.
20	6	Ĕ
5	_	5
0	P	ŏ
	9	ď.
	4	9
9	le	EL
Ē	9	9
>	Ē	0
e e	8	ē
S	9	Š
X	è	0
9	an	=
0	S	9
ate	5	ď.
Į,	ā	9
en	g	8
0	Ö	£
att.	18	7
de	26	E
92	를	ž
23	2	Ø
Tel I	20	G
411	ě	듶
ě	.0	ea
20	E	-
9	8	0
盖	10	H
43	Fa.	å
Ē	92	9
4	Ca	Sta
M	誓	8
2	8	£
₹	S	€
퓬	€	3
9	B	Æ
ž.	Æ	ge
Z	ċċ	-
IE	Ö	ife
A	5	6/3
œ	8	5
0	ō	2
A	AL	2
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Flours after death. Page 6 may be retained by the hospital or attending pi	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
8	₹	臣
Ĭ	교	₹
뿌	뿌	D
F	F	Ē

		FOR STATE REGISTRAR	STATE OF MA	RYLAND C	DEPART	MENT OF	HEALTH AND	MENTAL HYGIE REG. N					
		t. DECEDENT'S NAME (First, Middle,	Last)					2. DATE OF DEATH		3. TIME OF DEATH			
		Opal O'Dell	Swasey						, 1994	10:55 AM			
		4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (in yrs. is		IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)			
pino		578-46-9832 9a. FACILITY NAME (If not institution,	1 M 2 X F	83	N OR LOCATION OF E	April 9, 1911 West Virg							
2, 3 should	DIRECTOR	2 Monument Cou	ırt				ckville	ZAIN		gomery			
Jes 1,) E	10a. STATE 10b. CO		· · · · · · · · · · · · · · · · · · ·	10c. CITY,	TOWN OR LO	CATION			10d, INSIDE CITY			
ř. Pa		Maryland N	Montgomery			Ro	ckville			LIMITS?			
E.	\¥	10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
an. ransit	Ü	2 Monument Cou					20850		d States				
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages notified at once.	BY FUNERAL	11. MARITAL STATUS t Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR World Wa	YES 2 OR DATES		If yes,	DECENDENT OF HISPA specify Cuben, Mexic (ES 2) NO Spec	NIC ORIGIN? (Specify Year, Puarto Rican, atc.)	RACE — American Indian, Black, Whita, atc.				
15- Itendii		15. DECEDENT'S	EDUCATION		ECEDENT'S U	SUAL OCCUP	ATION	16b, KIND OF B	USINESS/INDUSTI	White			
212 F or a	ET	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	- (0	Bive kind of wo a. Do NOT use	rk done durino	most of working			,,			
Spita shed f	AP		5+		Home	emaker		Own	Home				
YLAND 21215-0 by the hospital or attending be detached for use as the at once.	COMPLETED	17. FATNER'S NAME (First, Middle, Las	n)				ts. MOTNER'S N	AME (First, Middle, Malde	n Surname)				
AYL d by	BE (Jacob S. O'Del					Mary A	Alice Amic	k				
MAR\ retained to should	인	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or R		*			
(a) (b)		Edmund Swasey 204, METHOD OF DISPOSITION		1		ment		ckville, M					
IORI e 6 may ector, p		1 Donation 5 Other (Specify)	or Town, State										
Page I direct		21. SIGNATURE OF FUNERAL SERVI		MOO8				/29/94 Roc					
BALTIMORE, or death. Page 6 may be tuneral director, pagn al.		* Dorbara &	momuller	Law	nena	Kock.	ville, in	phrey Fune	est Mont	gomery			
BA ins after d in by the removal.		23. PART I. Enter the dispuses	, or complications that co	eused the d	esth. Do no	AVEN	Me, ROCKV	ille, Mary	piratory arrest.	0850-2805 Approximate			
D S E		23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final											
SO, within pletely fille cremation, the		disease or condition Metastatic Breast Cancer s. Metastatic Breast Cancer											
760, ed within ompletet il, crema		DUE TO (OR AS A CONSEQUENCE OF):											
	Z	Companiellis list conditions	Б										
OX 68 e be execut sician and c invirior to burit traumatic	E	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	R AS A CONSE	OUENCE OF)								
	<u>S</u>	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO (OF	DIE TO OR AS A COMPEQUENCY OF									
0 E 5 E 5	CERTIFICATION	that initisted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
S, P. e death of attend Aemtal H)	E		d										
SO THE PORT OF THE	\¥	PART II. Other significent cond		eth but not	resulting in	the underly	ing ceuse given in	Pert I. 24a. WAS A	IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
S that so afth arr	임	Osteoporos	SIS					1 _ YES	2 💢 NO	COMPLETION OF CAUSE OF DEATH?			
RECORD w requires that the been signed by th pt. of Heatth and M 3 shows any Inj	M	DID TORACCO HE	CONTRIBUTE -		25.05					t 🗌 YES 2 🗌 NO			
23 law	A	DID TOBACCO US 25. WAS CASE REFERRED TO MEDIC		O CAU	SE OF								
F VITAL SICIAN: The law certificate has n the State Dep 1, or Item 23	PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:			OTHER:	. PLACE OF DEATN (C						
F V SICIAN certific the	H	t YES 2 NO	t Inpatient 2 El		28b. TIME		iome 5 X Residence	8 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCURE	n			
NO OF ING PHYSICI THE CHAIR CH		1 X Natural 5 Pending	(Month, Day,	Year)	ULM	RY	WORK?	200. DEGOTIBE NOT	INGONI COCONE				
ION VDING : After r death	ЭВУ	2 Accident Investigs 3 Suicide 6 Could no	28a. PLACE OF II	JURY - At h	oma, farm, st	reet, factory, o	ffica	28f. LOCATION (Street	t and Number or Ro	ıral Route Number,			
TE after after 28	COMPLETED	4 Nomicide determin		. (Specify)				City or Town, Stat	re)				
OR OR DIRE	PLE	29e. CERTIFIER (Check only	PNYSICIAN: To the best of my	knowledge, d	eath occurred	at the time, o	late end place, end du	e to the cause(a) and m	anner as stated,				
HOSPITAL FUNERAL WITHIN 72 IANT: If	WO		AMINER: On the besis of exem							use(a) and manner as stated.			
E HOS I with		296. SIGNATURE AND THE OF CER					29c. LICENSE NO			NED (Month, Day, Year)			
TO THE HOSPITAL TO THE FUNERAL De filed within 72 h) BE	$K \leq$	Kan .	_			D2699	2		e 27, 1994			
/	욘	30. NAME AND ADDREST OF PERSO	WNO COMPLETED CAUSE	OF DEATH (ITE	EM 27) (Type, I	Print)			1				
55		Kathryn S. Kirw	in, M.D. 10	400 C	onnect	icut	Avenue, #	606, Kensi	ngton, I	MD 20895			
0		31. DATE FILED (Month, Day, Year)	32. HEGISTRAR'S										
		J. O.	194	- Parties A									

DHMH-16 Rev 1/89

C.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

after death. Page 6 may be retained by the hospital or attending physician,	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Moval.	Ical examiner must be notified at once.
**O THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with Fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene phor to Durial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEAT												3. TIME OF DEATN			
	Barbara	1	٧.	Se	emar					June	29,	19	94	3:10 P m	
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER		IF UNDER		7. DATE OF			6. BIRTI	IPLACE (State or Foreign	
	052-32-274	_	1 🗌 M 2 💢 F	54	YRS.	MONTHS	DAYS	HOURS	MIN.		26, 1	940		w York	
ا _س ا	9a. FACILITY NAME (If not in						9b, CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEAT						EATN		
0	11650 Drum		e Terrace		Germantown Montgom						mery				
DIRECTOR	10e. STATE	10b. COUNT	1		10c, CI1	c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
8	Maryland	Moi	ntgomery		G	Germantown						LIMITS? 1 YES 2 X NO			
	10e. STREET AND NUMBER		- J		101. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?				
ER/	11650 Drum	ncastle	e Terrace	е		20876						Un	ited	States	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DEC	ENDENT (OF NISPAN	IC ORIGIN?	(Specify Yes		14. BAC	E — American Indian, k, White, etc.	
BY F	1 Never Married 2 X 3 Wildowed 4 Divo			MAR OR DATES	(NO			2 () (NO		n, Puerlo Rk /:	en, etc.)		Spec	tty:	
ED		EDENT'S EDU	CATION	40.	DECEDENTIA									White	
	(Specify only	y highest grade	completed)		(Give kind of life, Do NOT u	work done	during mo	ost of worki	ng	16b. A	IND OF BUS	INESS/IN	DUSTRY		
2	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	Homem					0	wn Ho	me			
COMPLET	17. FATHER'S NAME (First, M	iddie, Last)			7.0			18. MOT	HER'S NA	ME (First, Mid					
BEC	Harold		В	aldwin				V	irgi	nia			Smit	ners	
	19e. INFORMANT'S NAME (7)				19b, MAILING	ADDRESS	Street of				City or Town			1010	
유	190. INFORMANT'S NAME (Type/Print) Robert E. Semar (Husband) 19th. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Same as #10														
	20e. METHOD OF DISPOSITI		oval from State			ND DATE OF DISPOSITION (Name of								City or Town, State	
	4 Donetion 5 DOther	(Specify)		_ St.	Charl	Charles Cemetery					7-5 Farmingdale, NY				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services,														
	MOO827 933 Gist Ave, Silver Spring, MD 2														
	23. PART. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, interval Between														
	IMMEDIATE CAUSE (Final													Onset and Death	
	disease or condition as. Retroperitoneal Sarcoma Due to (or as a consequence or):														
7															
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
CA	cause. Entar UNDERLYING CAUSE: (Disease or Injury														
THE	that initiated events DUE TO (OR AS A CONSEQUENCE OF):														
Ä	resulting in death) LAST														
	PART II. Other aignifica	nt condition	a contributing to	daath but no	ot resulting	in tha un	deriyin	g cause	given in	Part I. 2	4a. WAS AN		246	. WERE AUTOPSY FINDINGS	
MEDICAL					in the enderlying seems given in					PERFORMED			D? AVAILABLE PRIOR		
											1 🗆 YES 2 💢 NO			OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						ACE OF D	EATH (C/x	eck only one)					
VSI(1 - YES 2 X NO		HOSPITAL: 1 Inpetient 2	ER/Outpatient	1 3 DOA	4 A Nun		6 5 XR	esidenca	6 🗆 Other (Specify)				
표	27. MANNER OF DEATH	Pending	26e. DATE OF (Month, L		28b. TIA	IE OF		URY AT		28d. DESC	RIBE HOW I	NJURY OC	CURED		
B	2 Accident	rending Investigation				М		YES 2	NO						
		Could not be	26e. PLACE (building,	OF INJURY — AI , etc. (Specify)	I home, farm,	street, fact	ory, offic			26f. LOCAT City or	ION (Street e Town, State)	nd Numbe	r or Rural	Route Number,	
COMPLETED	na- oceancies				·										
P P	(Check only		CIAN: To the best of												
8				examination end	/or investigation	on, in my o	pinion, d	leath occu	red at the	Ilme, date e	nd place, en	d due to t	he cause(a) and menner ee stated.	
BE	29b. SIGNATURE AND TITLE	OF CERTIFIES	1 /	ZILA.	EV.				ENSE NUN			29d. DA		(Month, Day, Yeer)	
2	N	ONBILL		Juci	1			D	0095	7			June	30, 1994	
	30. NAME AND ADDRESS OF Donald L. B				1		11 ') = 1	11100		1223		(D)	20054 4600	
	31. DATE FILED (Month, Day,			AR'S SIGNATUR		S Ml	.11	1080	# IU	, KO	KV11	le, N	1U 2	20851–1689	
	JUL 0 1 19		Sulia David	Son-Rang	tall										
											_				

ned by the hospital or attending physician. ould be detached for use as the burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24Thours after death. Page 6 may be retained by the hosp

TVAN (MI) SKORCHATSCH 1. BEX 1. BEX 2.98-26-6658 1. 1. 2 2 7 78 Y18. WISHING DOWN HOUSE DAY 1. DAY 1. DECEMBER 1. DAY 1. DECEMBER 1. DAY 1. DECEMBER 1. DAY 1. DECEMBER 1. DAY 1. DECEMBER 1. DAY 1. DECEMBER 1. DAY 1. DECEMBER 1. DAY 1. DECEMBER 1. DAY 1. DECEMBER 1. DAY 1. DECEMBER 1. DAY 1. DECEMBER 1. DAY 1. DECEMBER 1. DECEMBER 1. DAY 1. DECEMBER 1.	DIRECTOR	IVAN (NMI) SKO 4. SOCIAL SECURITY NUMBER 298-26-6658 9a. FACILITY NAME (If not Institution, give st	5. SEX 8. AGE				2	DATE OF DEATH	•							
PROPERTY NAME (IT ALL INTERIORS). SEX. 1 S. SE	DIRECTOR	298-26-6658 9a. FACILITY NAME (If not institution, give st	15KM 2 🗆 F	(In yrs. last birthday				TUNE 25.		3. TIME OF DEATN						
1507 ARBUTUS DRIVE SALISBURY WICOMITY The STATE THE STATE THE COUNTY THE STATE THE COUNTY THE STATE THE COUNTY THE STATE THE S	DIRECTOR		(neet and number)	78 YRS.	MONTHS	DAYS HOURS	24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) 05-09-16	6.	BIRTNPLACE (State or Foreign Country) Ukraine						
100 STREET AND NUMBER 100 STREET AND NUMBER 1507 Arbutus Dr. 100 STREET AND NUMBER 1507 Arbutus Dr. 100 STREET AND NUMBER 1507 Arbutus Dr. 100 STREET AND NUMBER 1507 Arbutus Dr. 100 STREET AND NUMBER 1507 Arbutus Dr. 100 STREET AND NUMBER 1507 Arbutus Dr.		VESIDENCE OF DECEDENT					ON OF OEAT									
Specify Spec	UNERAL			10c. C						10d. INSIDE CITY LIMITS? 1 🖾 YES 2 🗌 NO						
Specify: Specify:	5 1	CONTRACTOR SOUTHWEST CONTRACTOR					-		N OF WHAT COUNTRY?							
15. DECEDENT'S EDUCATION (Specify only highest grades completed) Elementary/Secondary (0-12) 8 10. MOTHER'S NAME (First, Micdia, Leat) Farmer 11. MOTHER'S NAME (First, Micdia, Leat) Fedir (unk) Skorobatsch 12. FATHER'S NAME (First, Micdia, Leat) 13. MOTHER'S NAME (First, Micdia, Leat) 14. MOTHER'S NAME (First, Micdia, Leat) 15. IS. MOTHER'S NAME (First, Micdia, Malcian Summers) 15. IS. MOTHER'S NAME (First, Micdia, Leat) 15. IS. MOTHER'S NAME (First, Micdia, Malcian Summers) 16. NAMING ADDRESS (Street and Number or Rural Route Number, City or Town, Stein, 2p Code) 17. FATHER'S NAME (First, Micdia, Leat) 18. MOTHER'S NAME (First, Micdia, Malcian Summers) 18. MOTHER'S NAME (First, Micdia, Malcian Summers) 19. INFORMANT'S NAME (First, Micdia, Malcian Summers) 19. INFORMANT'S NAME (First, Micdia, Malcian Summers) 19. INFORMANT'S NAME (First, Micdia, Malcian Summers) 19. INFORMANT'S NAME (First, Micdia, Malcian Summers) 19. INFORMANT'S NAME (First, Micdia, Malcian Summers) 19. INFORMANT'S NAME (First, Micdia, Malcian Summers) 19. INFORMANT'S NAME (First, Micdia, Malcian Summers) 19. INFORMANT'S NAME (First, Micdia, Malcian Summers) 19. INFORMANT'S NAME (First, Micdia, Malcian Summers) 10. INFORMANT'S NAME (First, Micdia, Malcian Summers) 10. INFORMANT'S NAME (First, Micdia, Malcian Summers) 10. INFORMANT'S NAME (First, Micdia, Malcian Summers) 10. INFORMANT'S NAME (First, Micdia, Malcian Summers) 10. INFORMANT'S NAME (First, Micdia, Malcian Summers) 10. INFORMANT'S NAME (First, Micdia, Malcian Summers) 10. INFORMANT'S NAME (First, Micdia, Malcian Summers) 11. INFORMANT'S NAME (First, Micdia, Malcian Summers) 12. MICCIAL Summers of Mumber or Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number		Never Married 2 Merried	FORCES? 1 YES	2 XNO	11	yes, specify Cube	n, Mexican, F	or No.— 14								
Fedir (unk) Skorobatsch 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 208. METNOD OF DISPOSITION 102. METNOD OF DISPOSITION 102. METNOD OF DISPOSITION 103. Source of Comments of Commen	LETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind o	f work done du use retired.)	CUPATION uring most of working	99									
Fedir (unk) Skorobatsch 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 208. METNOD OF DISPOSITION 102. METNOD OF DISPOSITION 102. METNOD OF DISPOSITION 103. Source of Comments of Commen	\$ h			Farm	er	20.1100				e						
The informant's name (type/Print) 190. Mailing address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 298 12 Mt. Vernon Rd., Princess Anne, MD 200. METNOD OF DISPOSITION 1 X Burlai 2 □ Cremation 3 □ Removal from State 4 □ Denation 5 □ Other (Speech) 21. SIGNATURE OF FURBLEAL SERVICE LICENSES 22. NAME AND Address of Facility Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MI 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, which is not a consequence of): 23. PART II. Other significant conditions DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 190. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) OATE 20c. LOCATION — City or Town OATE 20c. LOCATION — City o	ш		Skorobatsc	h												
20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION Name of commelanty, cremately or other place Wicomico Memornal Park 6/28 Salisbury, Name of commelanty, crematory or other place Wicomico Memornal Park 6/28 Salisbury, Name and Date of Public All Service Licensia 22c. Name and Dates of Facility Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MI 100				(Street and Number												
21. SIGNATURE OF FUNDAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY HOlloway Funeral Home 501 Snow Hill Rd., Salisbury, MI 23. PART I. Enter the diseases, or complications that coused the desth. Do not enter the mode of dying, such as cardiec or respiratory strest, ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): 1. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PERFORMED? 1. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PERFORMED? 1. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PERFORMED? 1. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to dea	11	20a. METNOD OF DISPOSITION X Burial 2 Cremation 3 Remo	20	b. PLACE AND DATE	E OF DISPOSIT	TION (Name of		OATE 20c. LO	CATION — City	or Town, State						
Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MI 23. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.	10-		ENSES		22. N	AME AND ADDRES	SS OF FACILI	TY	lisbur	y, MD						
PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.		· John. L	A Company of the Comp		H (olloway 01 Snow	Funer Hill	al Home Rd., Sal:	isbury	, MD 21801						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): 1 PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 1 1 1 1 1 1 1 1 1 1 1 1		IMMEDIATE CAUSE (Final Onset and Date Of each line.														
PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 1	di	disease or condition resulting in death)	ARTERIOSCI OUE TO (OR AS	EROTIC (CARDIO	VASCULA	EASE		YEARS							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 1	ATION	If any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF):														
PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 1	RTIFIC	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSEQUENCE OF):													
PERFORMED? 1 YES 2 NO 0	. I P/	PART II. Other aignificant conditions	Contribution to death t	hut not consisting	la sha was	la della constitution	1 1 0									
	S S		- Control of the control	out not readiling	in the dro	errying ceuse g	iven in Par	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 26b. TIME OF 26b. TIME OF 26b. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	밀									1 YES 2 NO						
TO 1 Types 2 NO 1 Inpetion 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 286. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED			HOSPITAL :		OTHER		EATH (Check	only one)								
286. DATE OF INJURY 286. TIME OF 286. INJURY AT 286. DESCRIBE HOW INJURY OCCURED			1 Inpetient 2 ER/Out		4 - Nursin	ng Nome 5 Re	sidence 6	Other (Specify)								
			(Month, Day, Year)	26b. Til	JURY	WORK?		18d. DEŞCRIBE HOW INJURY OCCURED								
3 Suicide s Could not be determined determin	PHYSICIAN:	The second secon	28e. PLACE OF INJURY	Y — At home, ferm,	street, factor	ry, office	28	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
29e. CERTIFIER (Check only one) 27 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, date and place, and due to the cause(e) and menner as stated.	ED BY PHYSICIAN:	2 Accident Investigation 3 Suicide S Could not be	building, etc. (Spe	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated.												
SIGNATURE AND TITLE OF CERTIFIER DEPUTY M.E. 29c. LICENSE NUMBER DO3599 JUNE 25	ETED BY PHYSICIAN:	2 Accident 3 Suicide 4 Homicide S Could not be determined 9e. CERTIFIER (Check only)	CIAN: To the best of my know	vledge, death occur on end/or investigati	red at the tim	ne, dete and place,	and due to t	he ceuse(e) end men	ner en stated.	suse(e) and manner ee stated.						

MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

, M.D., 108 PINE BLUFF ROAD, SALISBURY, MARYLAND, 21801

32. DECISTRAR'S SIGNATURE

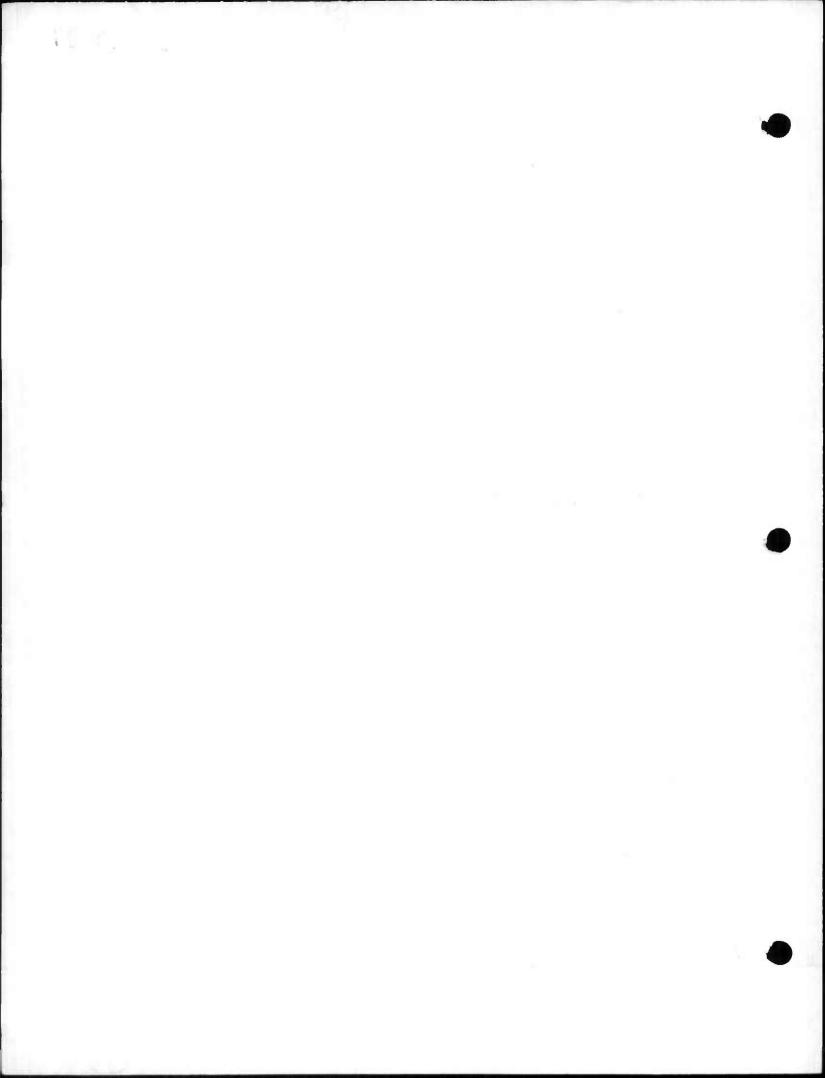
Julia d'audion hardell 31. DATE FILED (Month, Day, Year)
JUN 28 1994

BULKELEY,

T.

JOHN

DHMH-16 Rev 1/89



CONTROL OF THE CONTRO
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

10

	1 - FOR STATE REGISTRAR	STATE OF M		/ DEPAR					MENTAL	HYGIEN REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, List) JAMES	T		SCHUL	TZ				2. DATE O MONTH	F DEATH DA		YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 213-30-2802	5. SEX 1 M 2 F	B. AGE (In yrs. le	rst birthday) YRS,	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE O			8. BIRTI- Count	IPLACE (State or Foreign				
OR	9a. FACILITY NAME (If not institution, give st ATLANTIC GENERA		AL		96. CITY, TOWN OR LOCATION OF DEATH BERLIN 90. COUNTY OF DE WORCESTE							EATH					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY				
	DELAWARE SUSS	SEX		SEL	BYVI						LIMITS?						
FUNERAL	92 CRAB BAY LAN	ST)		101	21P CODI				WHAT COUNTRY?								
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA		RMED NO						(Specify Yea can, etc.)	American Indian, k, White, atc. White						
TED	15. DECEDENT'S EDUC (Specify only highest grade	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working															
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.) Set Up Man Western Electric												c Co.				
	17. FATHER'S NAME (First, Middle, Lest) Fredrick Schul	÷ 2								ddle, Maiden							
BE 0	19a. INFORMANT'S NAME (Type/Print)	L 2	Pb. MAILING	ADDRESS	S (Street a				r, City or Town			19975					
임	Mrs. Catherine	Schultz						(Ke	enwic	_			ville, DE				
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City or Town, State Date 20c. LOCATION - City or Town, State Date 20c. LOCATION - City or Town, State Commission Co												wn, State , Maryland				
CERTIFICATION	immediate cause or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	disease or condition resulting in death) a. RESPIRATORY FA Due to (or as a consequence of CANCER Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								AILURE >							
CERTIF	that initiated eventa resulting in death) LAST	•	R AS A CONSE														
N: MEDICAL	PART II. Other algnificant conditions	contributing to d	eath but not	resulting (in the un	derlying	canae g	iven in		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	,		OTHER		ACE OF D	EATN (Chi	ack only one)	one)							
PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF III		28b. TIM	-	28c. INJ	JRY AT		8 Other (Specify)	JURY OC	CURED					
LED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — AI h	ome, ferm, s	freet, fact			, ,,,	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only One) CERTIFYING PHYSIC	IAN: To the best of m	y knowledge, d	arth occurry	ed at the II	me, date pinion, d	and placa,	and due	to the cause	e(a) and man	ner as stat	ed.	and manner as stated.				
O BE	200. SIGNATURE AND TITLE OF CERDIFIER	-2-2	*	7			29E LICE	NSE HUN	371	2	PHI. DAT	E SIGNED	HGV				
4	Dr. Andrejs V. St	auss, P.	O.Box 1			ury,	Mar	ylan	d 218	02		6	9				
	31. DATE FILED (Month, Day, Your) JUN 3 0 1994	32 REGISTRAN	S AGNATURE RANGELL														

o. F.,

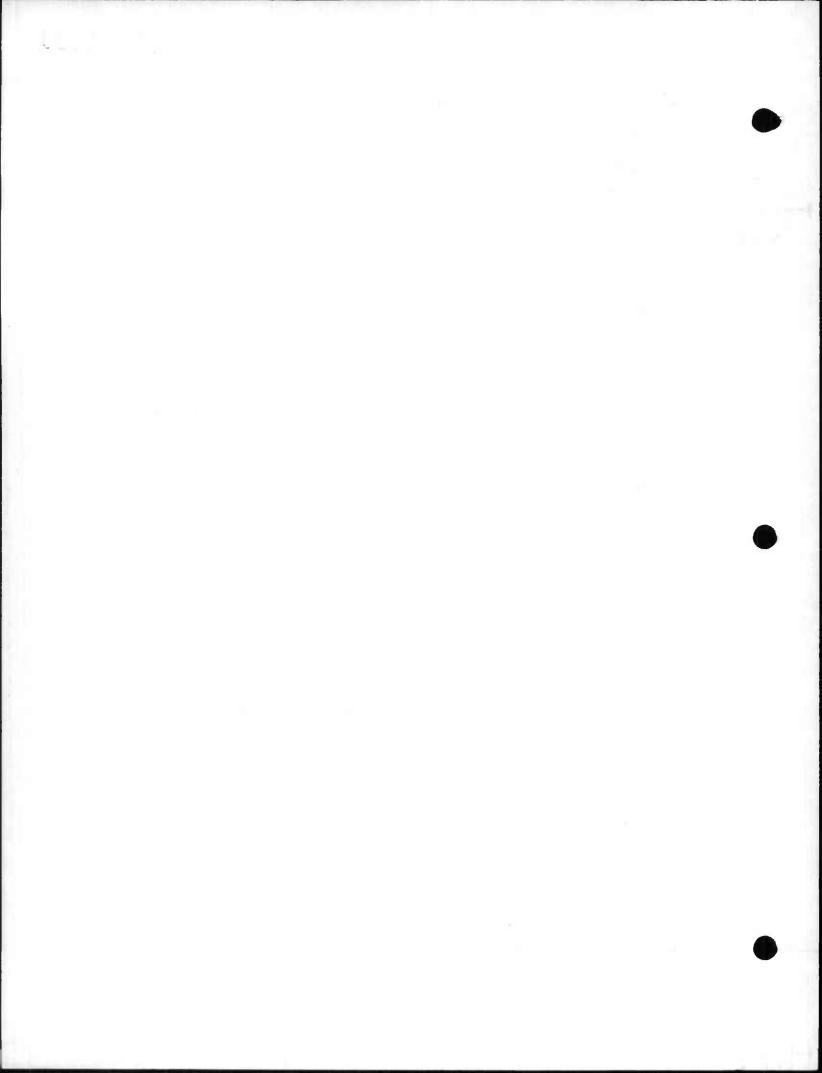
	•
00	with
876	petn
9	exec
<u> </u>	2
8	nficate
0	De L
c, D	death
Ö	the
8	that
L RECORDS, P.O. BOX 68760	quires
α	¥ Te
7	100
1	Ĕ
VITAL	AN
6	HYSICI
7	6
ō	NIO
DIVISION	NITENO
$\stackrel{>}{\sim}$	OR /
_	A
	HOSPIT
	품
	2

31. DATE FILED (Month, Day, Year)

JUL 05 1994

32. DEGISTRAR'S SIGNATURE

		1 - FOR STATE REGISTRAR		STATE OF M	ARYLAN				HEALTH AND	MENT	AL HYGIE				
	- 8	1. DECEDENT'S NAME (First		IOCEDU				,		2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF	DEATH
		THOM 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 6. SOCIAL SECUR		JOSEPH 5. sex	105/1-		54		CFER		الرا	3, 199		022	
2		216-44-2877		1XM 2 F	8. AGE (In y		RS. IF UND	DAYS	HOURS MIN.	7. DAT 7 (Mo) 7 —	e of Birth		OH I		or Foreign
2, 3 should	œ	Sa. FACILITY NAME (If not in		Transport Control	91		9b. CIT	CITY, TOWN OR LOCATION OF O						DEATH	
1, 2, 3	CTO	PENINSULA REGIONAL MEDICAL CENTER SALISBURY PESIDENCE OF DECEDENT 100. STATE 100. COUNTY WICOM 100. CITY, TOWN OR LOCATION												CO	
t. Pages	DIRE	100. STATE MD		to	c. CITY, TOWN							CITY 25 NO			
nsit perm	ERAL	10e. STREET AND NUMBER 6373 Riav	valkin	Dr.				10	21801				USA	THAT COUNTR	177
the burlal-transit permit. Pages 1,	BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	CEDENT EVER IN U.S. ARMED 17 1 YES 2 NO GIVE WAR OR DATES 13. WAS OECENDENT OF II yee, specify Cuban 1 YES 2 NO					en, Puerte		fee or No-	Black Specif	— American , Whita, etc. y: HITE	Indian,
use as	딢		EDENT'S EDU		16		ENT'S USUAL			16	Sb. KIND OF E	USINESS/IND			
ched for u	COMPLET	(Sheekind of work done during most of working College (1-4 or 5 +) College (1-4 or 5 +) POSTAL INSPECTOR U.S. GOVERNMENT													
d be detached at once.	ш	17. FATHER'S NAME (First, Middle, Last) ALVIN EARL SHAFFER 18. MOTHER'S NAME (First, Middle, Meiden Surname) LUCILLE McCORKLE													
e 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARTE SODERIIND SHAFFFR												801	
ector, page must be		20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Campa of Ca													2 180 1
tuneral dire		22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME 50 Snow Hill Rd., Salisbury, MD													
the fu		JACY,	M K		- Line		5	01 s	now Hill	Rd.	, Sal	isbury	, MD	2180	1
ompletely filled in by the cremoval, cremation, or removal event, the medical		23. FART / Entar the disease, or complications per clused the death. Do not anter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. iMMEDIATE CAUSE (Final disease or condition resulting in death) Suppose April 1 April												intervi Onset	ximata ai Between and Death
the attending physician and completely filled in by the funeral director, page 5 should be detached for Mertal Hygiene prior to burial, cremation, or remoral. niury, or other traumatic event, the medical examiner must be notified at once.	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													arg_
y the atte of Mental injury, o	O	d													
certificate has been signed by the state Dept. of Health and N. 1, or item 23 shows any inj	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO												OF CAUSE	
as bee Dept. c	AN	DID TOBACC		CONTRIBUTE	TO C	AUSE	OF DEA								
State State	SICI	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:			ОТНЕ	R:	PLACE OF DEATH (C						
the S	PHYS	27. MANNER OF DEATH		28a. DATE OF II			b. TIME OF	7	me 5 Residence			V INJURY OCC	URFD		
with with	ВУ Р	2 Accident	Pending Investigation	(Month, Day	(Year)		INJURY M	1 🗆	ORK7 YES 2 NO						
after 28 1	ETED		Could not be determined	28a. PLACE OF building, a	ic. (Specify)	At nome,	lerm, street, le	ctory, one	ce .		y or Town, Sta	et and Number te)	or Rumi R	oute Number,	
₹2 ==	BE COMPL			CIAN: To the beat of m										and manner	an stated.
분들이		29b. SIGNATURE AND TITLE	OF CERTIFIES	R	40				29c. LICENSE NU	MBER	7	29d. OATE	SIGNED	(Month, Day, 1	foar)
2 % X	2	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAUSE	OF DEATH	(ITEM 27)	(Type, Print)						()	11/9	7
	ŀ		mi	4TKINS	/	104	Her	117	Hursy	Dr	Zue	SAL	isa	10 21	1801



REG. NO.

FOR STATE REGISTRAR

-	
68760	۰
Ö	
~	١
œ	
~	
w)	
_	
6	
\circ	
**	
	į
0	
^'	
P.0.	
ທ	
~	
~	
RECORDS	
0	
_	
ш	
2	
_	
1	
-	
-	
_	
OF VITAL	
	į
-	
\circ	
_	
~	
\circ	
_	
(A)	
>	
DIVISION	
0	
_	

2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle Leat) 3. TIME OF DEATH ELDRICE HENRIETTA ANDERS 0230 JUNE 27, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 1-14-1914 1 M 2 F 149-12-3622 80 DELMAR, MD. with hours after death. Page 6 may be retained by the hospital or attending physician. noterly filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO RESIDENCE OF DECEDENT 10e. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. WICOMICO DELMAR 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1002 PINE STREET 21875 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BLACK 8 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ost of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 7th College (1-4 or 5+) DOMESTIC RET. HOUSEKEEPER (SELF) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) DAVID JAMES HUDSON Ħ ELIZA JANE PRICE BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 SHIRLEY ANDERSON 6511 BEACH CHANNEL, ARVERE, N.Y. 11672 pe 20a. METHOD OF DISPOSITION

↑ Burlal 2 □ Cremation 3 □ Ren
4 □ Donation 6 □ Other (Specify) □ 20b. PLACEAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata Must JNIUN UNITED CH. CEM. 7-1 DELMAR, MD. examiner 21. SIGNATURE FUNERAL SERVICE LICENSEE JULEY MEMORIAL CHAPEL, 1213 JERSEY ROAD, orella olly SALISBURY, MD. 21801 filled in by the ion, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. Approximate Interval Bstween IMMEDIATE CAUSE (Finel Onset and Death cremation. event, the disease or condition Weeler NEUMUNITIS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial executed ulmon traumatic ony CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Drior to if sny, issding to immediate cause. Enter UNDERLYING physician 8 certificate **CAUSE (Disease or Injury** other Hydiene DUE TO (OR AS A CONSEQUENCE OF): that initisted events attending resulting in death) LAST 0 death Mental injury, Health and Men PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause 24a. WAS AN AUTOPSY PERFORMED? the 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO requires that any 1 TYES 3 COMPLETION OF CAUSE OF DEATH? Shows : e83 1 YES 2 NO 0 certificate has been DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO [Deor JAW 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem State OTHER: 1 YES 2 NO Inpatiant 2 - ER/Outpatient 3 - DOA PHYSICIAN: 4 - Nursing Home 5 - Realdens the 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, this (Natural 5 Pending Investigation 1 YES 2 NO 8 death 2 Accident HOSPITAL OR ATTENDING DIRECTOR: After 26a. PLACE OF INJURY — At home, farm, street, tactory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED after 28 i 4 Homicide hours Hem 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and menner as stated. (Check only one) FUNERAL F = 2 MEDICAL EXAMINER: On the TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LtCENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED DEATH (ITEM 27) (Type, Print) Riverside Salisbury MD 21801 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE 05 1994 10

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

01. . 3

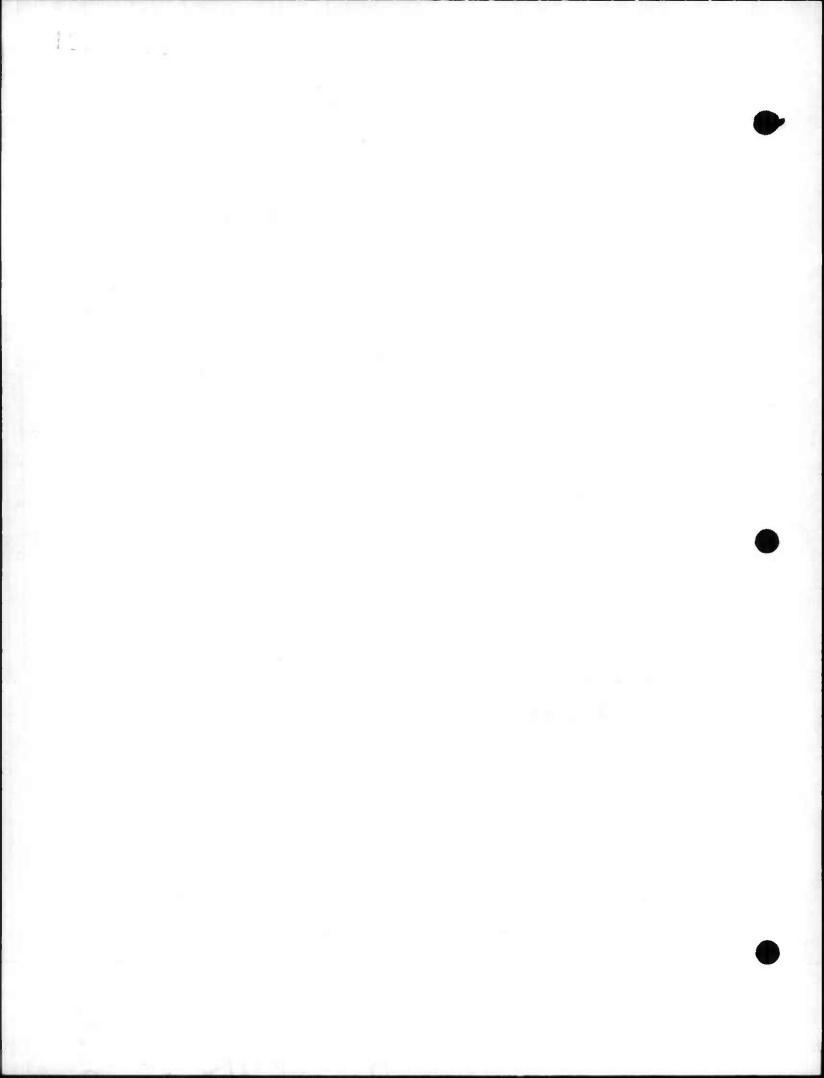
65	
0	
Ō	
$\overline{}$	
P.O. BOX 68760,	
w	
9	
×	
\circ	
~	
മ	
_	
<u> </u>	
\circ	
-	
ο.	
_	
- 0	
ഗ	
_	
œ	
~	
0	
13	
\mathbf{C}	
ш	
~	
RECORDS,	
TAL	
-	
<ď	
_	
_	
OF VI	
ш.	
\cap	
\sim	
\sim	
S	
>	
DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last) THOMAS		THATCHER ATCHER	₹		2. DATE OF DEATH MONTH	TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 578-07-4187	1 X M 2 🗆 F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 06, 1	.905	8. BIRTHPLI Country) NEW	YORK	
TOR	9a. FACILITY NAME (If not institution, give : 7207 CHESTNUT S RESIDENCE OF DECEMENT			CHEVY CI	R LOCATION OF O	EATH		INTY OF OEAT TGOMER		
DIRECTOR	10s. STATE 10b. COUNT	GOMERY		TOWN OR LOCAT	ON			1	d, INSIDE CITY LIMITS?	
FUNERAL	10. STREET AND NUMBER 7207 CHESTNUT ST	REET		101.	ZIP COOE 20815			USA	T COUNTRY?	
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR O	2 NO	If yes, spi		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No-	Black, W	American Indian, hita, aic. WHITE	
LETED	15. OECEOENT'S EOL (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	life. Do NOT use i	k done during mo: retired.)	N it of working	16b. KINO OF BU		OUSTRY	,	
E COMPLE	17. FATHER'S NAME (First, Middle, Last) HARRY MORSE THA	2 ATCHER	VICE PR	ESIDENI		ME (First, Middle, Maide) ADELLA EA	Surname)	- LOAI	`	
TO BE	19a. INFORMANT'S NAME (Type/Print) HELEN S. THATCH					Route Number, City or To				
	20a. METNOD OF OISPOSITION 1 Description D	noval from Stata cen	PARKLAWN	CEMETER	Y	6/28 RO	CKVII	LE, M		
	21. SIGNATURE OF FUNERAL SERVICE LI	& hels	5~			STSONS, I N AVE, NW, W		NGTON,	OC 20016	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdisc or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Approximats interval Between Onset and Desth OUE TO (OR AS A CONSEQUENCE OF):									
CEMINICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST BRONCHECTASIS OUE TO (OR AS A CONSEQUENCE OF): RECURIENT ASPIRATION									
MEDICAL	PLAGEMENT, SEV	INSCONTRIBUTE TO	OBSTRUCTIO	E LUN	TRACHE	WTGMY VES	RMEO?	AM CO OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION DF CAUSE OEATH? YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PL	ACE OF DEATH (Ch	w www.	119 7	1451	013 073 =	
BY PHY	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJI	JRY AT	28d. OEŞCRIBE NOW	INJURY OC	CUREO		
	3 Suicide 8 Could not be 4 Nomicide detarmined	el, factory, office	office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLEIED	2 MEDICAL EXAMINI	ER: On the best of my know							d manner es stated.	
0 25	296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WITH	MO	ATH //TEM 27) (Same O	rint	D 265	MBER 7/	29d. DAT	UNE 2	5,1994	
	IRVING MIZUS,	MD 493 Ara. REMISTRAR'S SIGN June Davidson—I	O DEL A	ZAY A	JE, BE	THESIA	, ME	208	714	
	JUL U 1 1994	Jane will acon-	Politica					_		



FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICALE	_ UF	DEA	I H		REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE C	F DEATH	~	YEAR :	3. TIME OF DEATH
		Dwight W. To	lliver							June	20,	1994		1:45 P M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER		IF UNDER		7. DATE O				LACE (State or Foreign
_		220-40-6789	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	1944	Mar	yland		
should		9e. FACILITY NAME (If not institution, give s	treet end number)	50		9b. CITY,	TOWN C	OR LOCATI	ON OF DE		1 10,		ITY OF DEA	
(7)	뜨	15241 Dufief Dri	ve			G	aith	ersb	urq			Mont	tgome	rv
1, 2,	CTOR	RESIDENCE OF DECEDENT											- 2	
Pages	DIRE	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION						IOd. INSIDE CITY LIMITS?
. <u></u>	ā	Maryland Monte	gomery			Gaith	ners	burg						YES 2 X NO
permit.	A	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITIZ	EN OF WH	IAT COUNTRY?
isi	8	15241 Dufief Driv	ve					208	78			IIni	ted	States
:1215-0020 or attending physician. r use as the burial-transit	FUN	11. MARITAL STATUS	12. WAS DECEDEN					ENDENT (OF HISPAN		(Specify Yes		14. RACE -	- American Indien,
215-0020 attending physic use as the burial		1 Never Married 2 X Married	FORCES? 1 IF YES, GIVE W					ecify Cubi		n, Puerto Ri	cen, atc.)		Black, Specify:	White, atc.
5-0 ending as the	BY	3 Widowed 4 Divorced	1964-1	965				44	, ,					White
atter use a	ED	15. DECEDENT'S EDUC (Specify only highest grade		184	. DECEDENT'S	USUAL OC	CUPATIO	ON set of worki	na	16b.	KIND OF BUS	INESS/IND	USTRY	
0 2 E		Elementery/Secondary (0-12)	College (1-4 or 5 +	-)	(Give kind of ille, Do NOT u	se retired.)	anny mo	or working	· W					
AND he hospit detached once.	NP		2		Co	ntrac	ctor				Self	Emplo	ved	
YLAND 2 by the hospital be detached for at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			0.000			18. MOT	HER'S NA	ME (First, M	ddle, Malden	Surneme)		
8 6 6 C	ш	Roy Tollive	r						Norm	a	Grad	У		
MAR retained 1 5 should notified	9	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street e	nd Numbe	r or Rural F	Route Numbe	r, City or Towi	n, Stete, Zip	Code)	
2 2 2	임	Laura S. Tolliver			15241	Dufi	ef	Driv	e. G	aithe	rsbur	g. Ma	rvla	nd 20878
		20e. METHOD OF DISPOSITION		20b. PL/	ACE AND DATE		_			DATE	20c. LO	CATION —		
		1 Buriel 2XXCremation 3 Remarks A Donation 5 Other (Specify)	oval from State	Mon	tgomer	ther plece)	mat	orin	m 6/	21/94 nc.				ryland
2		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		00831							ilesua	, Ma	Lyland
ALTIN death. Pag e funeral dis J.		MR.L. am	muller	Laur	10003I	RO	ber	t A.	Pum	phrey	Fune 00 We	ral H	iome/	merv
	- 9			1 -		- A	/enu	e, R	OCK V.	штте,	mary	ıana	208.	50-2805
S - 5 D		23. PART i. Entar the dispases, or o shock, or heart fallurs.	complications that	t caused the	a death. Do	not antar	the mo	da of dy	ing, aucl	h aa cardi	sc or reapi	ratory arre	ent,	Approximata interval Between
		IMMEDIATE CAUSE (Final	and only one ope	30 011 64011	iiiia.									Onset and Death
>==		disease or condition resulting in death)	Anasar	ca										
ompletely of crematic		DUE TO (OR AS A CONSEQUENCE OF):												
	Z	Metastatic Colon Cancer												
7 - 2 -	CERTIFICATION	Sequentially ilst conditions, if any, leading to immediate	DUE TO	(OR AS A CO	NSEQUENCE O	F):								
	S	cause. Enter UNDERLYING	e.											
. 윤 전 원 후	Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CO	NSEQUENCE O	F):								
, 5 5 E	F	resulting in death) LAST	d.											
S, dear dear lemta	- 1	DART II Osban slouddanad an ddin												
2 2 2 2	EDICAL	PART ii. Other significant condition	a contributing to	dasth but r	not reaulting	in the un	derlyin	g cause	given in	Part i.	24a. WAS AN PERFOR		100	VERE AUTOPSY FINDINGS
O = 3 = 2	8									_ 1	1 - YES 2	XX NO		COMPLETION OF CAUSE OF DEATH?
	ME												1	YES 2 NO
	ä	DID TOBACCO USE O	CONTRIBUTE	TO CA	AUSE OF	DEAT	H Y	ES [NO					
ITAL V: The law cate has State Dept item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1100001741					LACE OF D	EATH (Ch	eck only one)			
F VIT. SICIAN: The certificate the State I, or item	Š	1 TES 2 NO	HOSPITAL:	ER/Outpaties	nt 3 🗆 DOA	OTHER		e 5 🗆 R	esidencs	8 🗆 Other	(Specify)			
YSICIA S certi th the	至	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIN	IE OF JURY	28c, INJ			28d. DESC	RIBE HOW I	NJURY OCC	URED	
NG PHYS fter this sath with	ВУГ	1 X Natural 5 Pending 2 Accident Investigation	(Month, D	ay, roory	100	M		PRK? YES 2 [NO					
NOIN O	0	3 Suicide S Could not be	28a. PLACE O	F INJURY —	At home, ferm,	atreet, fact	ory, offic	•		28f. LOCA	TION (Street o	nd Number	or Rural Ro	ute Number,
28 after 30	ш	4 Homicide determined	bullding,	atc. (Specify)						City o	Town, State)			
OR A DIREC	LET	290. CERTIFIER	CIAN. To the best of	- 1 - 1 - 1						111				
로 되었는 등	COMPL	(Check only one) 1 X CERTIFYING PHYSI one)												
HOSPITAL FUNERAL within 72	8	2 MEDICAL EXAMINE		AMPHINITION OF	d/or investigation	on, in my o	pinion, a	leitin occu	red at the	time, dete	nd place, en	d due to the) ceuse(s)	end menner as stated.
ORT	BE	296. SIGNATORE AND TUTE OF CENTIFIES	101	*					ENSE NUN		-	29d. DATE	SIGNED (Wonth, Day, Year)
TO THE HOSPITY TO THE FUNERA Be filed within 7 IMPORTANT: I	5	401701/a	rall		7.50	-		DC	196	55		16	-2	1-94
11	-	36. NAME AND ADDRESS OF PERSON WH												
7)		John L. Marshall,	M.D. 3	800 R	eservo	ir Ro	ad,	N.W	., Wa	ashin	gton,	DC	2000	7
		31. DATE FILED (Month, Day, Year)	Januar Dau											
		JUN 2 / 1994	Juna vai	140001-11	under									

ITEM: 27 PER MEO G-715 9/28/94 reb

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAVID SCOTT JULY 10:20 THOMAS 1 1994 Рм ?. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 215-06-7940 26 DAYS HOURS 1 1 1 2 | YRS. DYY DANC permit. Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR REVELLSNECK ROAD WESTOVER SOMERSET RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY om ZITMOUN 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 8300 2186 21 funeral director, page 5 should be detached for use as the burial-transit 5 d urs after death. Page 6 may be retained by the hospital or attending physician 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO 11. MARITAL STATUS WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or Not4. RACE -- American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuben, Maxican, Puarto Rican, atc.) IF YES, GIVE WAR OR DATES 1 TES 2 WHO Specify: ΒY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY v/Secondery (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Stere Ħ orsch BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number State Zip Code 2 Steve pe 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 ☐ Fremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must 4 Donation 5 Other (Specify) NAME AND ADDRESS OF FACILITY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES Funeral Hom Hinman 23/PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, attending physician and completely filled in by the intal Hygiene prior to burial, cremation, or removal. medical ahock, or heart fallure. List only one cause on each line, Interval Batween IMMEDIATE CAUSE (Final Onset and Desth the disesse or condition GUN SITOT WOUND OF I+EAO event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with QUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions QUE TO (OR AS A CONSEQUENCE OF): if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the Health and N AVAILABLE PRIOR TO shows any 1 PES 2 NO 1 YES 2 NO has been s Dept. of F DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗆 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 XYES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence (Specify) OUTSIDE 0 with the 27. MANNER OF OFATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 11.51 PM 7-2-94 SUBJECT 1 YES 2 NO SHOT BY death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 6 Could not be determined DIRECTOR: A COMPLETED FARM TO THE FUNERAL DIRECTO
be filed within 72 hours aff
IMPORTANT: If Item 21 REVELLS Rd WESTOUSE NECK 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. HOSPITAL 2X MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner as attend 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE THE 2 JULY 2, O.C.M.E. 1994 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DAVID FOWLER M.D. 111 Penn Street, Baltimore, Maryland 21201 32. REGISTRAR'S SIGNATURE

113 1.5.30

	-
-	No.
	4
	ď
-	-
0	3
9	
~	- 3
00	1
ø	- 1
	ì
<u> </u>	-
0	4
m	-
	3
~	7
U	3
Δ.	- 3
-	-1
10	4
97	-
	4
œ	2
N OF VITAL RECORDS, P.O. BOX 68760,	4
2	
O	1
ш	-
~	1
	-
_	1
ď	
_	É
	4
>	4
	ē
ц,	č
0	5
_	č
Z	¢
0	981
\simeq	9
S	É
	t
DIVISION	-
=	5
	-
	The contraction of the contracti
	Ł

PHYRL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2007 with 2007 with the death. Page 6 may be retained by the hospital or attending physician.	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not 7 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR; After to be filed within 72 hours after death of	IMPORTANT: If Item 28 is marke

	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND	MENTAL HYGIEI								
	1. DECEDENT'S NAME (First, Middle, Last)			JANE OF BEATT	2. DATE OF DEATH	J	3. TIME OF DEATH						
	RUSSELL	FLOYD		WILLEY			EAR	М					
	4. SOCIAL SECURITY NUMBER	. 8	1000	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)						
	217-36-0138	1 🕅 M 2 □ F 85	YRS.		DEC. 7 19	908 м	ARYLAND						
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF												
REC	10e. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY						
	MARYLAND WICO	MICO	WILL	ARDS			1 YES 2 NO						
FUNERAL	10s. STREET AND NUMBER	D		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?						
NE	9339 NEW HOPE ROA	12. WAS DECEDENT EVER IN		21874		USA							
	1 Never Married 2 X Married	FORCES? 1 YES	2 T NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxie 1 YES 2 NO Spec	an, Puerto Rican, etc.)	es or No- 14.	RACE — American Indian, Black, White, atc.						
BY	3 Widowed 4 Divorced	" TEO, GIVE HAN ON DA	165	T TES 2 KJ NO Spec	ny:		Specify: WHITE						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	rk done during most of working	16b. KIND OF BU	USINESS/INDUST	TRY						
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use		A CDT	CULTURE	•						
MC	17, FATHER'S NAME (First, Middle, Last)		FARME		AME (First, Middle, Maide	_	-	_					
		ELAND TWILI	LEY		DAVTS	n Surname)							
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	MAGGIE DDRESS (Street and Number or Rura	211120	wn, State, Zip Coo	de)	\dashv					
٥	MARY G.	TWILLEY	9339 NE	W HOPE ROAD, W	ILLARDS, M	ARYLAND	21874						
	20a METHOD OF DISPOSITION 1 🔀 Burial 2 🗆 Cremetion 3 🗆 Remo	oval from State 20b.	PLACE AND DATE OF	DISPOSITION (Name of		OCATION — City	or Town, Stata						
	4 Donation 6 Other (Specify)		BETHEL C	EMETERY		JMBORO,	DELAWARE	_					
100	+ Clarle U	2/2/		22. NAME AND ADDRESS OF F		SELBYVI	LLE, DE. 199	975					
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on ea	deeth. Do no	t enter the mode of dylng, au	ch as cardlec or resp	piratory errest	Approximata						
	IMMEDIATE CAUSE (Final disease or condition			Coron CA	NCDE		Onset and Da						
	disease or condition resulting in deeth) a. METASTATIC COLON CANCEC WEEKS DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions, b.												
CERTIFICATION	equentially list conditions, oue TO (OR AS A CONSEQUENCE OF): any, leading to immediate huse. Enter UNDERLYING												
I I	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF:										
E	resulting in death) LAST		,										
	PART II. Other algolificant conditions	a contributing to death by	it not requising to	Abo modululus anno 1									
CAL	THAT II. Other algumean conditions	s contributing to death bu	it not resulting in	the underlying cause given is		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO						
PHYSICIAN: MEDIC					1 🗆 YES	2 NO	OF DEATH?						
≥ :							1 TYES 2 NO	- 1					
IAN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF OEATH (C	heck only one)			\dashv					
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe		OTHER: Nursing Home 5 Residence	6 Other (Specify)	-		\exists					
F	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY AT	26d. DESCRIBE HOW	INJURY OCCUR	ED	\dashv					
ВУ	1 Natural 5 Pending 2 Accident Investigation	1,33,27		M 1 YES 2 NO									
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, str	set, factory, offica	28f. LOCATION (Street City or Town, State	and Number or F	tural Route Number,	\neg					
9	29a. CERTIFIER							4					
COMPLET	(Check only one) 2 MEDICAL EXAMINE			at the time, date and place, and du in my opinion, death occured at th			usada) and manner as stated						
	29b. SIGNATURE AND TITLE OF CERTIFINA	1		4									
BE	JOHN A R	ARROWALL	MD	D 237	56	▶ 6/	2015 (Meinth. Ding Your)						
2	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, P	ZISBURY	Mal	218	2/17	-					
	31. DATE FILED (Month, Day, Year)	3. REGISTRAR'S SIGNA		1	, –	-100		-					
	JUN 3 0 1994	3. REGISTRAR'S SIGNA	Nordall										

TOWN STATE OF THE PARTY OF THE

0	
7	
	-
00	
·	
5-0	-
S	
_	
2	
-	
Ċ	
6.4	1
Z	
_	
-Q	
1	•
_	
~	
MARYL/	
Q	•
-	
RE, N	
ш	
MOR	
0	
\circ	4
-	
_	-
BALTII	
1	1
=	
-Q	4
m	
_	4
6	1
160	- 7
(0	
~	٠
8	
9	
BOX	
0	
	•
m	
	4
0	,
٠.	
Δ.	١
-	1
, P.O.	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

OECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

,	1. OECEDENT'S NAME (First, Middle, Last) ALBERT N. 2. DATE OF DEATH MONTH DAY YEAR 7 1000 M													
ľ	ALE		TOMASELLO					/ 5	2000 "					
	4. SOCIAL SECURITY NUME	5. SEX	5. SEX 6. AGE (In yrs. lest birtho) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF BIRTH 8. BIR			PLACE (State or Foreign	
	157-18-0	1 😾 M 2 🗆 F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day 1 + 1 2	-19	28	Country		
	9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	Y, TOWN	OR LOCATI	ON OF DE				INTY OF DI	
8	PENINSULA		AL MEDIC	AL CENTE	ΞR	SA	LISE	BURY				WI	COMI	CO
ᇈ	RESIDENCE OF DEC	10b. COUNTY	,		T									
DIRECTOR			AMDEN		10c. CIT	Y, TOWN								10d. INSIDE CITY LIMITS?
	N a J a		AMDEN		1	HAN		TON						1 X YES 2 NO
RA		CT ON	TWP. WI	טע שחדנ	DCF	DIE			037			10g. CIT	U.S	/HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	SLOW		IT EVER IN U.S. AF						IC ORIGIN? (Sp		11-		- American Indian.
	1 Never Merried 2	Merried	FDRCES? 1	YYES 2	NO		If yes, sp	ecify Cube	m, Mexicer	, Puerto Rican		or NO-	Black	, White, atc.
ВУ	3 Widowed 4 X Divo	rced	17 120, 0112	ON DATES			1 🗌 163	XNO	Specify				Specif	WHITE
COMPLETED	15. DEC (Specify onl)	EDENT'S EDU	CATION completed)		CEDENT'S				na.	16b. KINI	OF BUS	INESS/IN	DUSTRY	
9	Elementary/Secondery (0		College (1-4 or 5	life	. Do NOT u	se retired.)			9					
MP	12				STO	RE M	1ANA						SAL	ES
8	17. FATHER'S NAME (First, M		TITTO							ME (First, Middle				
8	OLLIE		ELLO				_			IE ZC				
2	190. INFORMANT'S NAME (1		T 0	19						V JERS		n, State, Zij	p Code)	
	TONY TO		TO	00) 01 4 05					MTM	-				a Page
	1 Buriel 2 Crematic	n 3 🗆 Rame	oval from State	20b. PLACE cemetery, cre	ematory or o	ther place)				7-7			City or To	
	21. SIGNATURE OF FUNERA		ENSEE/	HOI	Y SI				SS OF FAC		HA	MMOI	NTON	NaJ
	N. 51.10	011	Ki.	. V							ERAL HOME, SALISBURY, MD.			
	Sua	eac.	mus	00										SBURY, MD.
	23. PART I. Enter the disesses, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fellure. List only one cause on each line. Approximate interval Between													
	IMMEDIATE CAUSE (Final disease or condition													
H	resulting in death)	→	a. DUE TO	(DB AS A CONSE	DUENCE O	15	-							400
_	DUE TO (DR AS A CONSEGUENCE OF):													
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate OUE TO (OR AS A CONSEQUENCE DF):													
₹	cause. Enter UNDERLY	ING	c			/								
E	that initiated events		DUE TO	(OR AS A CONSE	OUENCE D	F):								
EH	resulting in death) LAS	'	d											
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
MEDICAL					80		1 3				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀						_				_ ' '	YES 2	NO		OF DEATH?
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO													
PHYSICIAN:	26. WAS CASE REFERRED TO MEDICAL (26. PLACE OF DEATH (Check only gree)													
S	1 YES 2 NO.	_	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		ne 5 🗆 Re	sidence	8 Other (Spe	ectfv)			
Ě	27. MANNER OF DEATH	10.00	26e. DATE OF (Month, E		28b. TIM		28c. INJ			28d. DESCRIB		NJURY OC	CURED	
ВУ		Pending Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , ,		М		YES 2	□ NO					
	3 Sulcide 6	Could not be	28e. PLACE (building,	of INJURY — At he atc. (Specify)	me, ferm,	atreet, fac	tory, offic	•		26f. LOCATIDE	N (Street a	nd Numbe	r or Rural R	loute Number,
	4 Homicide	determined								·				
COMPLETE			CIAN: To the best of											
ŏ.	one) 2 MED	ICAL EXAMINE	R: On the beele of e	xamination end/or	Investigation	on, In my	opinion, d	leath occur	red at the t	time, date and	placa, en	d due to t	he ceuse(e)	end menner es stated.
шШ	29b. SIGNATURE AND TITLE	OF CHICHFIELD	7					29c. LICI	ENSE NUM	BER		29d. DAT	TE SIGNED	(Month, Day, Year)
8	Low	- 6	ace					100	009	140			7-1	4-94
2	38. NAME AND ADDRESS DE	^		SE DF DEATH (ITE				4				_	-	
1	F. KEN		ENEY.	m.D	, ,	145	Έ,	CAR	COL	L 5T	,	DAL	158	vey md.
	31. DATE FILED (Month, Day,			AR'S SIGNATURE										77
	0 ــالال ـــــــــــــــــــــــــــــــ	5 1994	Juliad	Andror Ro	rdalle									
														DHMH-18 Rev 1/89

ů,

ö	5
, MARYLAND 21215-003	Pane 6 may be retained by the hospital or attending of
	0
ND	hosnital
Z	the
>	2
MAR	ratained
	2
Ÿ	VE E
\circ	9
Σ	
BALTIMORE,	ours after death
n	after
	STINO
1,097	led within
5	Ped

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH					
	Madeline H. Van M	eerbeke				June 22	1994				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8, 84	RTHPLACE (State or Foreign			
	156-09-2041	1 🗌 M 2 📉 F	88 YRS.	MONTHS DAYS	HOURS MIN.	June 23.	905 Rho	ode Island			
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF DI		9c. COUNTY O				
8 B	Springbrook Nursi	ng Center		Silver	Spring		Montgo	merv			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY						Homego				
<u>E</u>				Y, TOWN OR LOC				10d. INSIDE CITY LIMITS?			
	Maryland Montg	Jillery	511	ver Spr	-			1 X YES 2 NO			
RA	10126 Renfrew Roa	1		13	Of. ZIP CODE			OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS				20901		USA				
교	1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	2 PNO			NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)		ACE — American Indian, llack, Whita, atc.			
₽	3 Nidowed 4 Divorced	IF YES, GIVE WAR OR D	PATES	1 🗌 YE	S 2 NO Specif	y:	S	p⊕c//y: White			
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUSTR				
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of v life. Do NOT us	vork done durina n	iost of working						
릴	12	4	Teach	ner		Elemen	tary Sc	hool			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			.	16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
BEC	James L. Hill				Nellie	Johnston					
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Code,				
٦	Agnes Hill		10126	Renfrew	Road Sil	Lver Spring	g, Maryl	Land 20901			
	20a. METHOD OF DISPOSITION 1 N Burial 2 □ Cremation 3 □ Ram	oval from Stata Cor	D. PLACE AND DATE O	OF DISPOSITION (lame of		CATION - City of	A CONTRACTOR OF THE PARTY OF TH			
	4 Donation 5 Other (Specify)		arklawn M			6/27 Rock	ville,	Maryland			
- 1	21. BIGNATURE OF FUNERAL BERVICE LIC	ZNSEE /		1 1 0 0 0	ND ADDRESS OF FA	CuryHines-R	inaldi 1	Funeral Home			
	1/18 5.	ler_	-	Silve	r Spring	pshire Ave , Maryland	20004				
Ì	23. PART i. Enter the diseases, or o	complications that cause	d the death. Do n	ot enter the m	ode of dying, auc	th as cardled or reap	ratory srrest,	Approximate			
	MMEDIATE CAUSE (Final	List only one ceuse on e						Interval Between Onset and Death			
	disease or condition resulting in desth)	e. Respira	tory	Pailo	9			Week			
	•	DUE TO (OR AS	A CONSEQUENCE OF	7:							
z l	Sequentially that conditions of a Inevnonia										
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE OF	ን:							
임	CAUSE (Disease or injury	C. DUE TO (OR AS	A CONSEQUENCE OF	n.							
CERTIFICATION	that initiated eventa resulting in death) LAST			,.							
5		3.									
Ä	PART ii. Other algnificent condition			n the underlyi	ng cause given in	Part i. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă	Advanced	demention	\-			1 YES 2	NO	COMPLETION DF CAUSE OF DEATH?			
ME						_		1 - YES 2/2 NO			
Ż											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	neck only one)					
ΥS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out		4 Nursing Ho	me 5 Realdenca			* *			
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY	JURY AT ORK?	28d. DESCRIBE HOW	NJURY OCCURED	,			
B	2 Acoldent Investigation	28a. PLACE OF INJURY	(At home form a		YES 2 NO						
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	building, atc. (Spe	cify)	areet, factory, on	ca	28f. LOCATION (Street City or Yown, State)		rel Route Number,			
9	29a. CERTIFIER										
MP		CIAN: To the best of my know R: On the bests of examination									
8			AT BIRDOT TITO STINGSTO	n, in my opinion,							
H	29b. SIGNATURE AND TITLE OF CERTIFIES	5 NNO			29c. LICENSE NUI		29d. DATE SIGN	NEO (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF AL	ATH /ITEM 273 /E	Drint)	0432	3 /	6/2	177			
	10 1 4 1	S.M.D. 142			C. Dr. #	100 1	-d Mi	20707			
	31. DATE FILED (Month Day Year)		IATURE)	65111		ive cao	relitit	20 10 1			
	JUN 2 8 1994	37 REGISTRAR'S SIGN	n-Handell					1			

BA	dea
n	after dea
	OURS
50,	wither
280	executed within
×	e be m
.O.	cat
1	€
ກົ	de
ä	the
7	that
L L	requires
_	MP.
4	흕
7 7	PHYSICIAN:
DIVISION OF VILAL RECORDS, P.O. BOX 68/60	OR ATTENDING PHYSICIAN: The law requires that the death certifi
5	OR
_	ITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an order of the death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Deot. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND N	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF DEATH		3. TIME OF DEATH		
- 1	C	Clementine	Koomen	Vasan		June 25,	1994	8:55 P M		
		SEX 6. AGE ('In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	200 02 0022	☐ M 2 [X] F	63 YRS.	MONTHS DAYS	HOURE MIN.	(Month, Day, Year) March 16,	1931 TH	ne Netherlands		
_	9a. FACILITY NAME (If not institution, give stree			96. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY			
OR	5600 Wisconsin Ave	∍nue, #18C		Chevy	Chase		Mont	gomery		
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	Y. TOWN OR LOCAT	ION			10d. INSIDE CITY		
E	Maryland Montgor	nerv	1000	hevy Cha				LIMITS?		
7	10e. STREET AND NUMBER	iio 2 y	1 0		ZIP CODE		10g CITIZEN	1 X YES 2 NO		
FUNERAL DIRECTOR	5600 Wisconsin Ave	enue #180			20	815		ed States		
S	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN			ENDENT OF HISPAN	IC ORIGIN? (Specify Y		BACE - American Indian		
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES			city Cuban, Mexican 2 NO Specify	n, Puerto Ricen, etc.)		Black, White, atc. Specify:		
								White		
TE	15. DECEDENT'S EDUCAT (Specify only highest grade cor	npleted)	16a. DECEDENT'S (Give kind of v life. Do NOT us	vork done during mo	N I of working	16b. KIND OF B	USINESS/INDUST	TRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5 +)								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4	Owner /	<u>Operato</u>		ME (First, Middle, Maide	Gallery			
	Hendrikus Koomer	1			Odilia	Antoine		Coninck		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		NITCOTITE Number, City or To				
2	Kuppu S. Vasan			e as 10		,,	,			
1	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramova	20b	PLACE AND DATE O	OF DISPOSITION (Na	me of	DATE 20c. L	OCATION — City	or Town, State		
	4 Donallon 5 Other (Specify)	Trom State cem	Suburban	Cremato	rv	6-27 Sil	ver Spr	ring, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /			D ADDRESS OF FAC	ALITY				
	· Cillen y	J. Ka,	PP			Services,		ng. MD 20910		
	23. PART I. Enter the diseases, or con	nplications that caused	tha death. Do n	ot antar the mo	da of dying, auch	as cardiac or rea	piratory arrest	Approximate		
	ahock, or haart fallura. Lie IMMEDIATE CAUSE (Final	t only Dna cause Dn a	ach lina.					Interval Batween Onset and Death		
	disease or condition	disease or condition Candiapul mapany Annact								
	Property Comments	DUE TO (OR AS A	CONSEQUENCE OF	F):						
NO	Sequentially list conditions,	Metastatio								
AT.	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A								
EI I	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF							
CERTIFICATION	resulting in death) LAST									
	PART II. Other classificant and litera				Test a Virginia de la Constantia de la C					
SA	PART II. Other algnificant conditions of	ontributing to death b	ut not resulting i	n tha undarlying	cause given in i		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
ă						1 🗆 YES	2 X NO	OF DEATH?		
Σ						-		1 TES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28 Pt	ACE OF DEATH (Che	ork anti-ane)	_			
SIC	EXAMINER?	IOSPITAL:	atlent 3 DOA	OTHER:	5 X Residence					
ξ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	JRY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Moritin, Day, Year)	INJ		RK? ES 2 NO					
	3 Suicida 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, lerm, a	treet, lectory, offic		281. LOCATION (Stree City or Town, Stell		Bural Route Number,		
COMPLETED	4 Homicide detarmined		<i>"</i>			ony or nown, one				
P	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my know	ledge, death occurre	ed at the time, date	and place, and due	to the ceuse(s) and m	anner as stated.			
O	one) 2 MEDICAL EXAMINER: (On the beste of exemination	n and/or investigatio	n, in my opinion, d	eath occured at the	lime, data and place,	and due to the co	nuse(s) and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	11			29c. LICENSE NUM	IBER D	29d. DATE SI	GNED (Month, Day, Year)		
10 8	Jun J	May			1760	1 (nc)	▶ Jun	e 27, 1994		
- 1	30. NAME AND ADDRESS OF PERSON WHO									
	Susan Honig, M. D		eservoir	Road, N	V, Washi	ington, D	2000	7		
ĺ	31. DATE FILED (Month, Day: Year)	32 REGISTRAR'S SIGN.	ATURE A COMPANY							
	JUN 2 8 1994	June will account	-1/-1/							

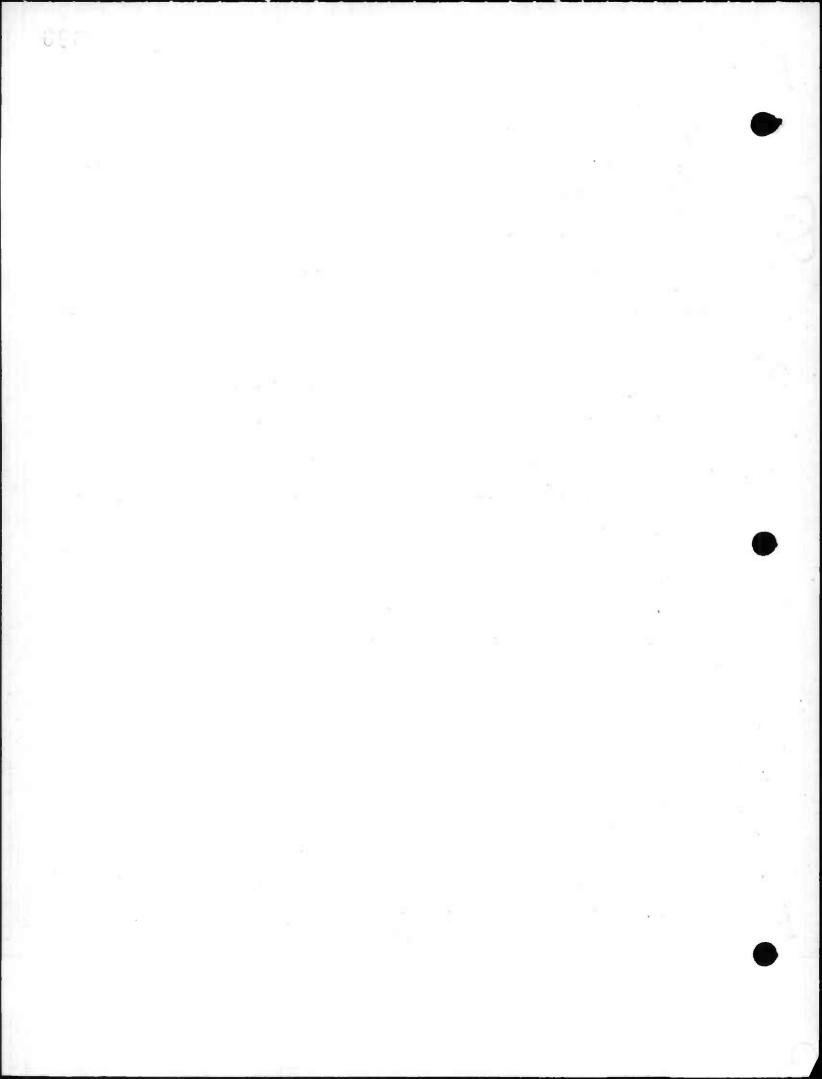
TEL

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with norms after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

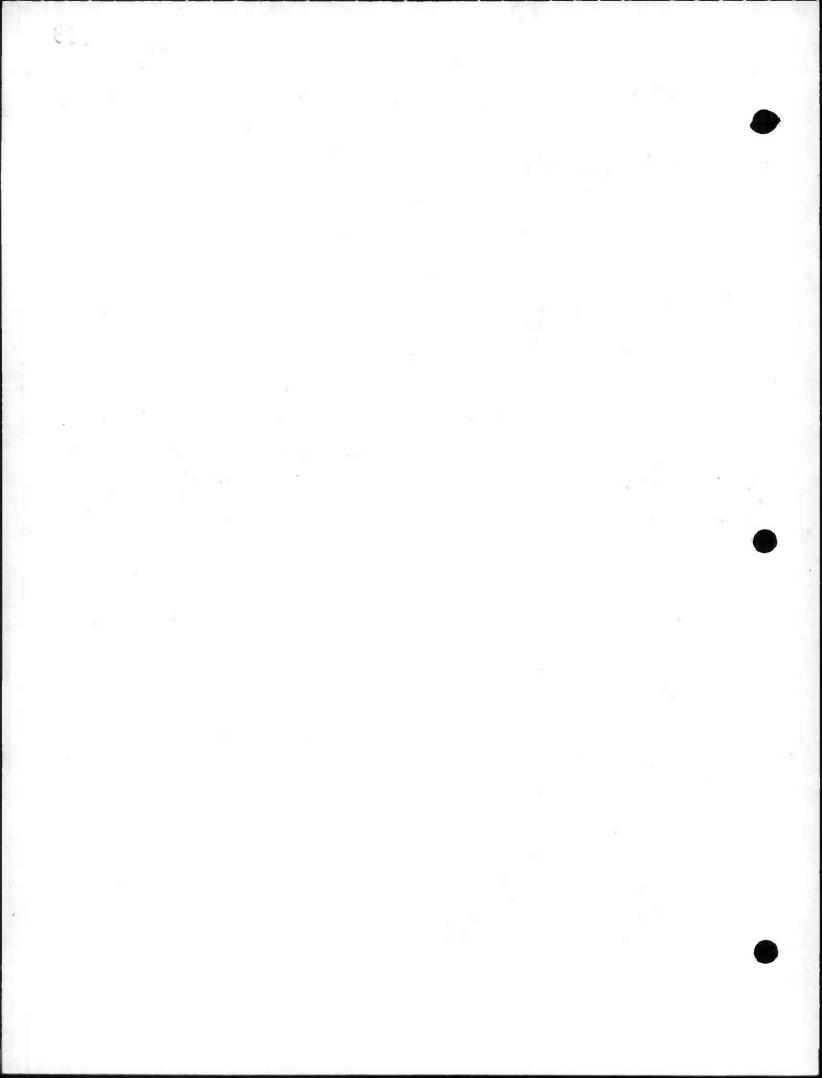
IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MEN1	AL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DA	TE OF DEATH	W YE	3. TIME OF DEATH
		an Nostrand					e 19, 1		6:00 a.m.
	The second secon	5. SEX 6. AGE (In yrs.	7	F UNDER 1 YEAR	IF UNDER 24 HRS		TE OF BIRTH onth, Day, Year)	8. E	BIRTHPLACE (State or Foreign Country)
	216-22-4053 9e. FACILITY NAME (If not institution, give stre-	1 □ M 2 🖁 F 98	YRS.			Jai	n. 22,		
œ			1	_	OR LOCATION OF	DEATH		9c. COUNTY	
DIRECTOR	Wilson Health Care	Center		Gaither	sburg			Montg	omery
RE	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				10d, INSIDE CITY LIMITS?
٥	Maryland Montgo	mery	Gait	hersbur					1 X YES 2 NO
FUNERAL					. ZIP CODE				OF WHAT COUNTRY?
NE	301 Russell Ave.	12. WAS DECEDENT EVER IN U.S.	ARMED		0877	PANIC OR	GIN? (Specify Yes	U.S.A	RACE American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes, sp	ecity Cuben, Max	icen, Puerl	to Rican, atc.)		Black, White, etc. Specify:
ВУ	3 X Widowed 4 Divorced				z <u>M</u> no spe	ony.			White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	(Give kind of wo	SUAL OCCUPATION done during mo		1	66, KIND OF BUS	SINESS/INDUST	RY
ZE	Elementary/Secondary (0-12)	College (1-4 or 5+)	iile. Do NOT use						
OM	17. FATHER'S NAME (First, Middle, Lest)	Ва	ink Tel	ler	18. MOTHER'S		Financi t, Middle, Maiden		titution
BE C	George Cutler				Margare			ourname)	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street a			imber, City or Town	n, State, Zip Cod	(e)
F	Frank Van Nostrand		2415 Pe	erry Av	e., Edge	ewood	d, Maryl	land 21	.040
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 X Cremation 3 ☐ Remove	al from State 20b.PLAC	CE AND DATE OF	DISPOSITION (Ne	me of	1		CATION — City	
	4 Donation 8 Other (Specify)	Metro	opolita	an Crema	atory	6/	/21 Alex	kandr i a	, Virginia
Ì	2.96	7)()			L Funera		ome		
_	X.C.	1		10 E.	Deer Pa	ark I	Or., Gai	ithersb	ourg, MD 20877
	23. PART I. Enter the diseases, or co- shock, or heart failure. Li-	mplications that caused tha st Dnly Dne cause on each ii	death. Do no na.	t antar tha mo	da of dylng, s	uch as c	erdiac or respi	ratory srrest,	interval Between
	iMMEDIATE CAUSE (Final disease or condition				Onset and Das				
	reaulting in desth) s.	Pneumonia DUE TO (OR AS A CONS	SEDUENCE OF)	:				2 weeks	
z	atherosclerotic cardiovascular disease								years
5	Sequentisity list conditions, if sny, leading to immediate	SEQUENCE OF):						jeazs	
일	csuse. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	atrial fibril							years
CERTIFICATION	manufalments described to ACT	organic brain							Veare
	PART ii. Other significant conditions				and the same of				years
SA	PART II. Other significant conditions	contributing to death but no	t resulting in	the undariying	g cause given	in Part i.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE
							1 - YES 2	(X NO	OF DEATH?
Ξ.									1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	ACE OF DEATH	Check only	one)		
/SIC		HOSPITAL: Inpatient 2 ER/Outpatient	3 DOA	OTHER:	e 5 🗆 Residenc	a 8 🗆 OI	ther (Specify)		
PH	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WC	URY AT RK?	28d. 0	ESCRIBE HOW II	NJURY OCCURE	0
B	2 Accident Investigation	200 DI ACE OF IN RUM			rES 2 ND	-			
	3 Suicida 8 Could not be 4 Homicide datarmined	28s. PLACE OF INJURY — At building, atc. (Specify)	nome, rerm, sti	еет, тастогу, отно	•		OCATION (Street a ity or Town, State)	ind Number or R	ural Route Number,
	29a. CERTIFIER 1 X CERTIFYING PHYSICI	AN: To the best of my knowledge,	doub noused				1100.12.016	in the second	
COMPLETED		On the besis of exemination and/o							use(s) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	() n			29c. LICENSE N				INED (Month, Day, Year)
BE C	3 Alsu	Harry	ggirpan 1		31	39	10	D 6	120194
임	30. NAME AND ADDRESS OF PERSON WHO			100	<u> </u>				
	Suhair H. Abulfarag			omery V	illage .	Ave.	#G−10,	Gaithe	ersburg, MD
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE	indell						
, i	JOH 7 (1994	1							



9
687
9
\simeq
BOX
o.
<u>م</u>
RECORDS,
œ
္က
Щ
7
/ITAL
5
LL.
0
Z
0
S
DIVISIO

	1 - FOR STATE OF STAT	F MARYLAN	D / DEPAR					MENTA	L HYGI				
	1. DECEDENT'S NAME (First, Middle, Last)		-						OF DEATH	1		3. TIME OF OE	ATH
	Mary	V.	Wil	son				Jur	ne :	25,	1994	4:15	Ам
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In y	rs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE	OF BIRTH		8. BIRT	HPLACE (State or		
	213-32-4622 1 M 2 S	1.7	YRS.	MONTHS	DAYS	HOURS	July 13,1916 Ma					arylan	d
OR O	7917 Route #32	11011012											
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN C	R LOCAT	ION		_				10d. INSIDE CIT	TY.
DIRECTOR	Maryland Howard			Colu								LIMITS?	
FUNERAL	10e. STREET AND NUMBER				101	ZIP COD				10g. (WHAT COUNTRY?	
N	7917 Route #32						044				U.S		
BY FU	1 Never Married 2 Married FORCES?	DENT EVER IN U.S 1 YES 2 VE WAR OR DATES	X 140		if yea, spe	cify Cuba		n, Puarto	N? (Specify Rican, etc.	Yea or No-	Spec	E — American Ind ck, White, atc. city: Lack	dlen,
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		a. DECEDENT'S (Give kind of a life. Do NOT us	vork done	CCUPATIO	N st of workli	ng	160	b. KINO OF	BUSINESS/		Lack	
PLE	Elementery/Secondary (0-12) College (1-4	or 5 +)	House	,	e				1	None			
Ö	17. FATHER'S NAME (First, Middle, Last)					18, MOT	HER'S NA	ME (First,	Middle, Mai	den Sumam	•)		
BE C	James Rogers						Cora		Smitl				
10	190. INFORMANT'S NAME (Type/Print) (Daugh Mrs Catherine John	ter)	746	ADDRESS	(Street a	ory	LOC	G Ci	rcle	Town, State,	zip Code) olumb	21044 oia,Md	
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ramoval from Stat 4 Donetion 5 Other (Specify)		ACE AND DATE				m.	6/	728 20c.		- City or Ti	own, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENSED												
	Snowden Funeral Home P.A.20850 246 N. Washington St, Rockville									e, Mo			
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
ERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST d												
PHYSICIAN: MEDICAL C	PERFORMED? A							D. WERE AUTOPSY AWAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	R TO CAUSE				
AN	25. WAS CASE REFERRED TO MEDICAL				0.6 . D4	ACE OF D	EATH (OL						
Sici	EXAMINER? HOSPITAL	: 2 ER/Outpatie	m 2 □ DO4	OTHER	R:		EATH (Ch		er (Specify)				
H	27. MANNER OF DEATH 28a. DAT	E OF INJURY	28b. TIM	E OF	28c. INJ	URY AT	Baldence			W INJURY	OCCURED		
ВУ Р	1 Natural 5 Pending	th, Day, Year)	INJ	URY		RK? 'ES 2] NO						
	2 Accident investigation 3 Suitcide 6 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28b. LOCATION (Street and Number or Rural Route City or Town, State)									Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be one) 2 MEDICAL EXAMINER: On the bealet											s) and menner as	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1					ENSE NUM						
O BE	Botelle (1	M		>		D		UMBER 29d. DATE SIGNED (Month, E)				194	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED Isabella C. Martire				in F)r.		-	lnev	MD	20832		
1		STRAR'S SIGNATU			-P -	/	11 32 1	, 0.	Lifey,	1111	20002		
	JUN 2 7 1994 guman	Mary-Man	hence										



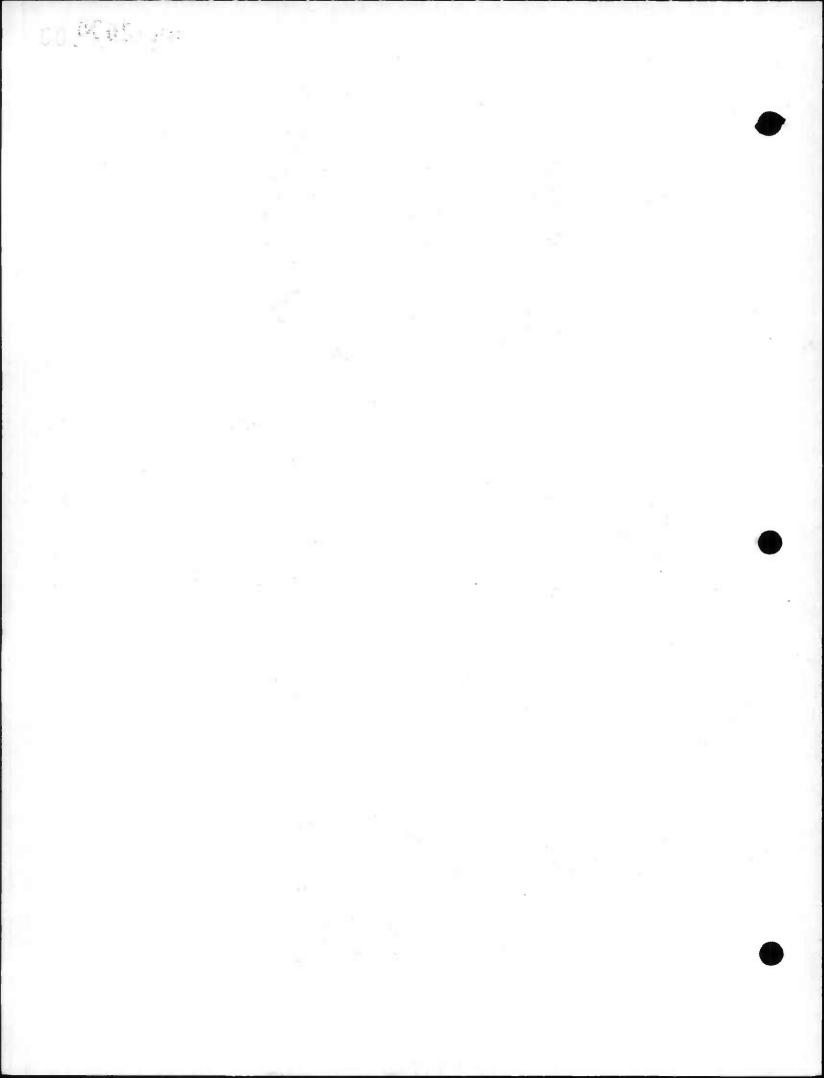
DIVISION OF VITAL RECORDS P.O. BOX 68760

CALLINIONE, MAN I LAND 21213-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hyglene prior to bunial, correction, or removal.	medical examiner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ite filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

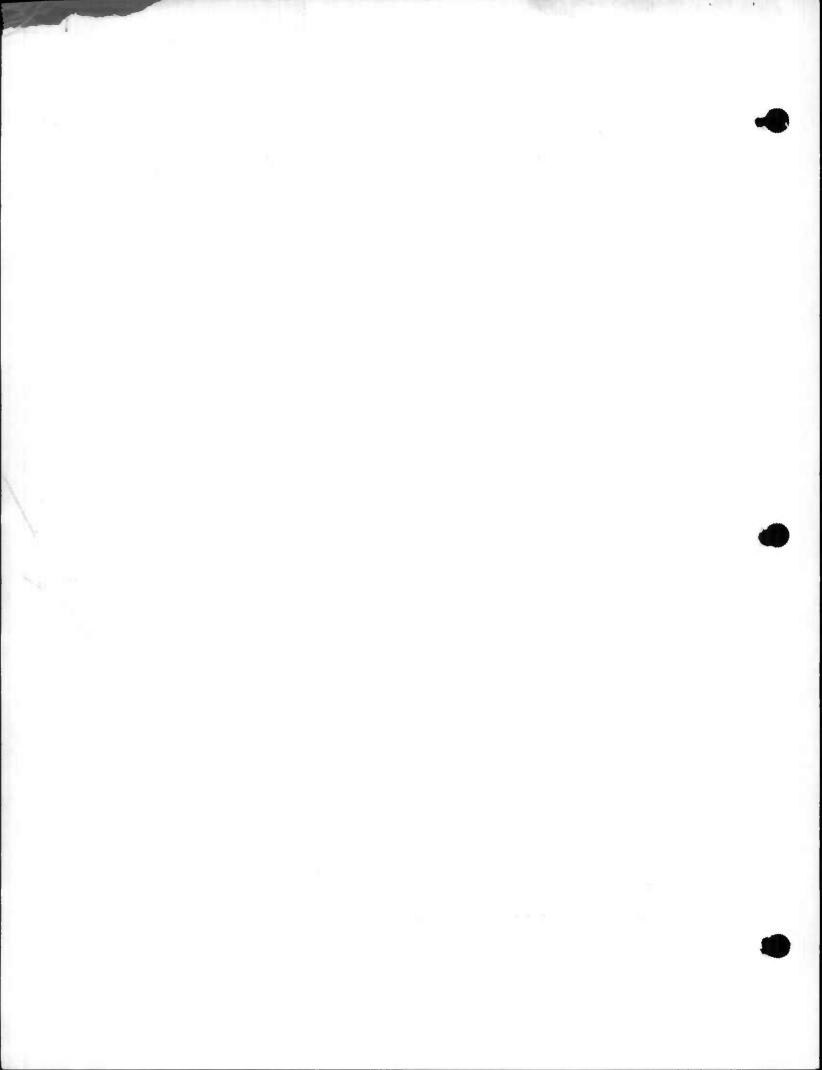
						CATE	OI.	DLA		HEG. I	IU.			
1. DE	CEDENT'S NAME (Firs	t, Middle, Last)								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	EVE		MAE	WALLA	CE					June 23	199	94	4:05 A M	
4. 80	OCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRT	HPLACE (State or Foreign	
22:	2-07-1103		1 🗆 M 2 💢 F	87	7 YRS.	MONTHS	DAYS	HOURS	MIN.	April 21		De1	eware	
9a. F.	ACILITY NAME (# not is	nstitution, give s	treet and number)			9b. CITY,	rown o	R LOCATI	ON OF DI			UNTY OF E		
H H	oly Cross	Hoeni	t a 1			C+1	1702	Spr	ina		Mon	+	0.44-1	
RES	SIDENCE OF DE	CEDENT	Lai			211	ver	Spr	Till		Mon	tgom	ery	
He RES	STATE	10b. COUNTY	Υ		10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY	
5 Ma	ryland	Mon	tgomery		Whe	eaton							LIMITS?	
	STREET AND NUMBER			-	77.2.	00011		ZIP COD	E		10a. Cl	TIZEN OF	WHAT COUNTRY?	
100. S	901 Arco	la Ave	•					2090	2				States	
ž	ARITAL STATUS		12. WAS DECEDEN	T 5750 Bill 0 44										
	Never Married 2	Married	FORCES? 1	YES 27	NO	13. W	yes, spi	cify Cuba	n, Maxica	NIC ORIGIN? (Specify in, Puarto Rican, atc.)	Yes or No —	14. RAC Blac	E — American Indian, k, White, etc.	
	Widowed 4 Dive		IF YES, GIVE W	AR OR OATES		11	YES	2 X) NO	Specif	y:		Spec	*W White	
	4E DEC	EDENT'S EDU	CATION	10.00		1						<u> </u>		
17. FA	(Specify on	ly highest grade	completed)	/(0	Sive kind of v	USUAL OCC	ring mo	it of workir	ng	16b. KIND OF	BUSINESS/IN	IDUSTRY		
	lementary/Secondary (0-12)	College (1-4 or 5	+) ""										
Ē -	12				Home	emake	r							
3 17. FA	ATHER'S NAME (First, A	fiddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maid	en Sumame)			
He	nry Hink							Vi:	rgin	ia Lee Th	ompso	n		
190. 1	NFORMANT'S NAME (Type/Print)		.19	b. MAILING	AOORESS	Street e	nd Number	or Aural	Route Number, City or	fown, State, Z	(ip Code)		
H	arry S. Wa	allace	Jr.	5	424 5	Sheri	ere	Pla.	ce.	N.W. Wash	ingto	n D.	C 20016	
201/	METHOO OF OISPOSIT	TON		20b. PLACE	ANDDATEC	FDISPOSIT				OATE 20c.	LOCATION -	- City or To	own, Stata	
46	Burial 2 Crematic	on 3 ⊔ Ham r(Specify)	oval from Stata	St.Jo			and:	urri n	_	06/25 W	11mir	ngton	Del.	
21. SI	IGNATURE OF FUNERA	L SERVICE DIC	ENSEE /	100.00	БЕРП							naldi Funeral Home		
	4	9	4-1			- 1				niiiles/	KTHaT	ur r	uneral nome	
	/)orus	1.0	Stant			1	1800) Net	v Ha	mpshire A	ve. S	ilve:	r Spring,Md.	
Sequence of the cause of the ca	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST List only one cause on each line. Interval Between Onset and Death WEEK													
	PART II. Other aigniticent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
	AS CASE REFERRED 1	O MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only one)				
5 1	YES 2 NO		HOSPITAL:	ER/Outpatient	B 🗆 DOA	OTHER:		s 🗆 9	aldanaa	& C Other (Specific)				
27. M	ANNER OF DEATH		28a. DATE OF	INJURY	26b. TIM		6c. INJ		- arcerica	6 Other (Specify) 28d, DESCRIBE HO	V INJURY O	CCURED		
	Natural 5	Pending	(Month, D	ey, Year)		URY	WO	RK?	T NO	EVE. DECOMBE 110		OCCIVED		
2 Accident Investigation Investigation														
		Could not be determined	building,	atc. (Specify)	J1170, 101711, U	ureet, tector	y, office	,		281. LOCATION (Stree City or Town, Str	et and Numbi	er or Hural	Houte Number,	
290. (CHOCK ONLY	TIFYING PHYSI	CIAN: To the best of	my knowledge, de	eath occurre	d at the tim	e, date	and place	, end due	to the cause(a) and i	nanner as at	ated.		
29a. (ne) 2 MED	ICAL EXAMINE	R: On the beals of s	paylination and/or	Investigatio	n, in my opi	inlon, d	ath occur	red at the	time, data end place,	and due to	the ceuse(a) and manner ea stated.	
290. 5	SIGNATURE AND COL	of glatphon	100		.1	755		29c. LICI	ENSE NUI	MBFR	29d DA	TE SIGNE	(Month, Day, Year)	
	1/1/20	11	1	11	(MV	71							
30. N/	AME ANO ADDRESS O	F PERSON WIL	O COMPLETED CAN	SE OF DEATH	27.75	Order)	/	ν	011	000	1,0	<u> </u>	JUNE 1714	
1100	1 TON	TENSON WH	MAZET CHO	AAV	= 21) (Type,	MILA	11-	5610	70	00 mil	- min	() E	JUNE 1994 MD 20902	
W	TUIVI E	00:05	VUVIT.	MU	709	9110	KE	ric	-7	KI WIT	KITI	IN	M1/ 20902	
31. D/	THE WORLD	994	g respected	S NGW YOUNG	الالم									



FOR

TO BE COMPI	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	,
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the funeral director, page 5 should be detached	
er death. Page 6 may be retained by the hospit.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within firs after death. Page 6 may be retained by the hospit	7
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	8

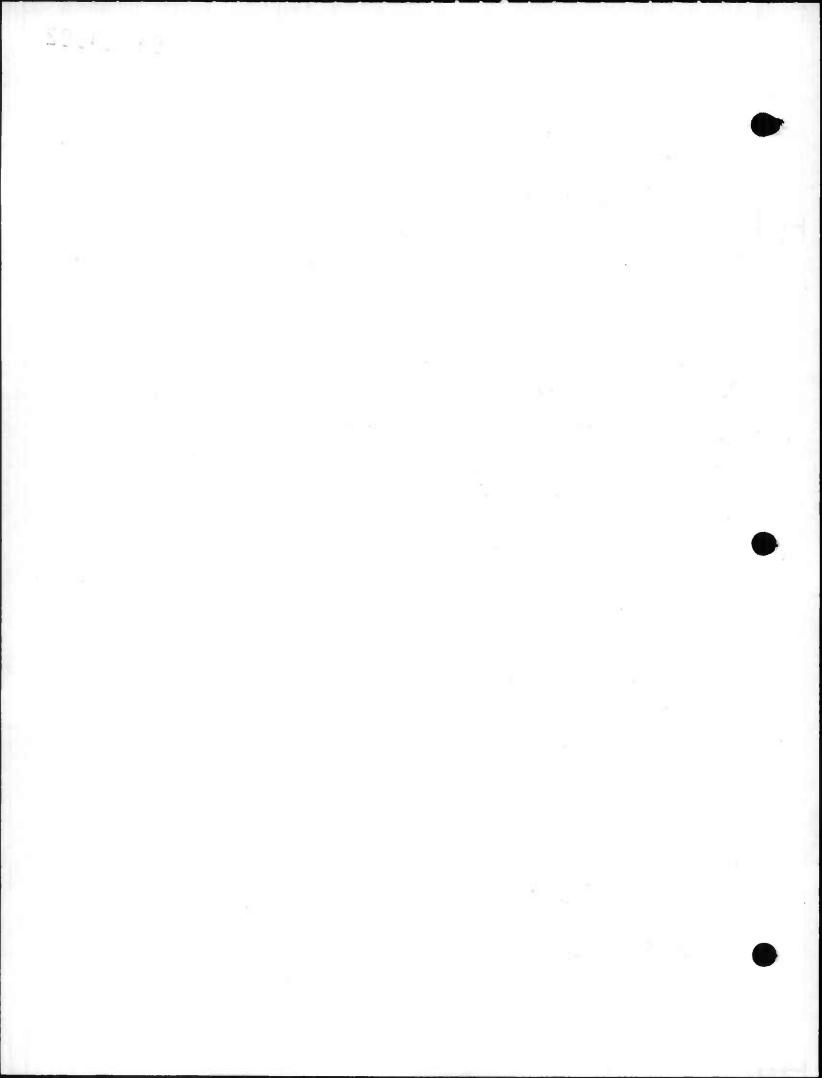
	REGISTRAR	C	ERTIFICA	TE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) LARRY Dew		WIN	STE	A	2. DATE OF DE	ATH DAY 15	YEAR 4 4 30 M		
	3/0-10-/19/	120F 9/	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII	2001/902	6. BIRTHPLACE (State or Foreign Country) North Carolina		
DIRECTOR	9- FACILITY NAME (If not institution, give street end. 9747 Good Luck Road # RESIDENCE OF DECEDENT	10000	1	Seabro	or Location of Death 9c. COUNTY OF DEATH Prince Georges					
IREC	10e, STATE 10b, COUNTY		10c. CITY, TO		TION			10d. INSIDE CITY LIMITS?		
	Maryland Prince Ge	orges	Seal	rook	of, ZIP CODE		I 40- 017	1 YES 2 NO		
FUNERAL	9747 Good Luck Road #				20706			USA		
BY FU	1 Never Married 2 Merried FOI	S DECEDENT, EVER IN U.S. A RCES? 1 $\stackrel{\triangle}{\sim}$ YES 2 $\stackrel{\triangle}{\sim}$ (ES, GIVE WAR OR DATES $1922-1926$	NO	It yes, s	CENDENT OF HISPAI pecify Cuben, Mexica S 2X NO Specifi	n, Puerto Rican,		14. RACE — American Indian, Black, White, etc. Specify: White		
0	15. DECEDENT'S EDUCATION	16e. D	ECEDENT'S USU	AL OCCUPAT	ION	16b. KJND	OF BUSINESS/INC			
COMPLETED	(Specify only highest grade complete Elementary/Secondary (0-12) Colleg	(d) (e (1-4 or 5 +)	Give kind of work of the Do NOT use ret	done during n red.)	ost of working					
7	6		Drive			Tran	sportat	ion		
O	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA					
BE C	Herbert W	instead			Alice					
	19e. INFORMANT'S NAME (Type/Print)		96. MAILING ADD	RESS (Street	and Number or Rural	Route Number, Ch	ty or Town, State, Zij	p Code)		
5	Dorothy M. Winstead	9	747 God	d Luc	k Road #	3 Seabr	ook Mar	vland 20706		
	20a. METHOD OF DISPOSITION	20b. PLAC	E OF DISPOSITIO		emetery, cremetory or			City or Town, Stata		
	4 Donation 5 Other (Specify)		· · · · ·	en Ce	meterv	_	Silver S	Spring, Maryland		
	4 Donation 5 Other (Specify) Gate of Heaven Cemetery Silver Spring, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funeral Home, Inc.									
	1 2	C						Home, Inc. .Spr.,Md. 20901		
CERTIFICATION	ahock, or heert failure. Liet only ona ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
MEDICAL CERT	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 140 OF DEATH?									
Σ						_		1 TES 2 NO		
PHYSICIAN:	25, WAS CASE BET BRIED TO MEDICAL			26.	PLACE OF DEATH (CI	seck only one)				
ত 당	EXAMINER? HOS	PITAL:		THER:						
17.5		patient 2 ER/Outpatient	26b. TIME OF		HJURY AT	1	E HOW INJURY O	CCURED		
	1 Natural 5 Pending	(Month, Day, Year)	INJURY		YORK? YES 2 NO					
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETED	290. CERTIFIER (Check only one) 2 MEDICAL EXAMINED: On the							ated. the cause(s) end manner as stated.		
8				y opinoli	77 77 77	47.712-300-3	1 2			
TO BE		ele, aid			DIA 8	79	29d (DA	TE SIGNED (Month, Day, Year)		
_	ACFONSO M.	LE M.D	10701	-	AFTON	DR.	LARG	0 MD 20777		
	JUN 2 7 1994 Juli	2. AEGISTRAR'S SIGNATURE	202							



9	
9	
P-0	
8	
9	
V	
ô	
Q	
BO	
_	
0	
Δ.	
- 0	
S	
\Box	
~	
-	
O	
CORDS	
ĭĭ.	
ш.	
Œ	
-	
Ā	
9	
\vdash	
_	
ш	
ō	
V	
7	
=	
O	
-	
U)	
_	
$\overline{\cap}$	
_	

ician. al-transit permit.	
e = .	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.
_ ~	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		CATE OF		MENTA	L HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	,	-		DEATH		OF DEATH			3. TIME OF DEATH
	William Frederic	k Walker		June 28 1994				12:22p ^M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH								IPLACE (State or Foreign
	150-26-2350	1 🔀 M 2 🗌 F	62 YRS.	MONTHS DAYS	HOURS MIN.	Nov.	25, 1	931		ahoma
~	Se. FACILITY NAME (If not institution, give a				R LOCATION OF DE	EATH		9c. COUN	ITY OF D	EATH
DIRECTOR	Holy Cross Hospit	tal		Silver	Spring			Mon	tgom	ery
ğ	10a. STATE 10b. COUNT	Υ	10c. CITY	TOWN OR LOCAT	ION					10d. INSIDE CITY
ā	Maryland Mont	gomery	Der	wood						LIMITS? 1 TES 2 TO NO
¥.	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZ	ZEN OF W	VHAT COUNTRY?
FUNERAL	7213 Panorama Dri				20855				.S.A	
- 11	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 TYES	2 XNO	If yes, sp	ENDENT OF HISPAI scify Cuban, Maxica	en, Puarto		or No-	14. RACE Black	- American Indian, t, White, atc.
à	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	t 🗆 YES	2 X NO Specif	fy:			Speci	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	18a. DECEDENT'S	USUAL OCCUPATION done during mo		168	. KIND OF BUS	INESS/IND	USTRY	WILLEE
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	retired.)	st or worlding					
MP		4	Physici	st			Researc		gine	er
8	17. FATHER'S NAME (First, Middle, Last)		T T		18. MOTHER'S NA	AME (First,				
8	John Charles Fren	nont walker 1		ADDRESS /Street a	Edith	Davida Music		ndqu:		
2	Jane F. Walker				Drive,					
	20a. METHOD OF DISPOSITION	206	DI ACE AND DATE O	E DISDOSITION (NO	mod	0.17	5 20- 100	TATION C	M T.	wn, State
	1 Donailon 5 Other (Specify)	Noval from State	netery, cremetory or ot letropoli	^{her place)} tan Cren	atory	6/2	29 Ale	xandı	ria,	VA
1	1 Burial 2 & Cremation 3 Ramoval from State 4 Donellon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LITTINGE Alexandria, Value of Funeral Service Littinger of the place of the p								ome	
	1.0.1	226	_	Gaith	st Deer ersburg,	Park . MD	Drive 20877	:		
	23. PART i. Enter the dispesses, or abook, or heart fallure.	complications that cause	the desth. Do n	ot enter the mo	de of dying, suc	h ss csr	diec or respir	raiory arre	est,	Approximate
Ш	ahock, Dr heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final									
- 1										Cireet and Daath
	disease or condition	. Leukemic								1 Month
	disease or condition	DUE TO (OR AS A	CONSEQUENCE OF):						1 Month
NOI	disease or condition resulting in death) Sequentially list conditions,	b. Acute Lym	CONSEQUENCE OF	Leukemi	a					
CATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Acute Lym	consequence of phocytic	Leukemi	a					1 Month
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Acute Lym DUE TO (OR AS A	consequence of phocytic	Leukemi	a					1 Month
SERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Acute Lym DUE TO (OR AS A	phocytic consequence of	Leukemi	a					1 Month
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF	Leukemi ::		Part i.	24s. WAS AN /		24b.	1 Month 3 Months
A I	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF	Leukemi ::		Part i.	24a. WAS AN PERFORI	MED?	24b.	1 Month 3 Months were autopsy findings apailable Prior Committee of Co
A I	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF	Leukemi ::		Part i.	PERFOR	MED?	24b.	1 Month 3 Months were autopsy findings amalable prior to
A I	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition Gram Negative S	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF	Leukemi ::		Part (.	PERFOR	MED?	24b.	1 Month 3 Months were autopsy findings aparlable prior to completion of cause of Death?
A I	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algorificant condition Gram Negative S 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF	the underlying			PERFORI	MED?	24b.	1 Month 3 Months were autopsy findings aparlable prior to completion of cause of Death?
A I	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algorificant condition Gram Negative S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ☒ NO	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF	Deukemi Leukemi the underlying 28. PL OTHER: 4 Nursing Hom	j cause given in ACE OF DEATH (Ch	neck only or	PERFORI 1 YES 2 ne)	MED?		1 Month 3 Months were autopsy findings aparlable prior to completion of cause of Death?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition Gram Negative S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Natural 5 Pending	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF	D: Leukemi D: 28. Pt OTHER: 4 Nursing Hom OF 28c. INJ. WO	ace of Death (Ch	neck only or	PERFORI 1 TYES 2	MED?		1 Month 3 Months were autopsy findings aparlable prior to completion of cause of Death?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition Gram Negative S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF CONSEQ	D: Leukemi D: 28. Pt OTHER: 4 Nursing Hom OF 28c. INJ NY WO 1 1	ace of Death (Ch	8 Other	PERFORI 1 YES 2 TO YES 2 TO YES 2 TO YES 2	MED?	TURED	1 Month 3 Months WERE AUTOPSY FINDINGS AMAILABLE PRIDOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 1 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition Gram Negative S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF CONSEQ	D: Leukemi D: 28. Pt OTHER: 4 Nursing Hom OF 28c. INJ NY WO 1 1	ace of Death (Ch	8 Other	PERFORI 1 YES 2 PERFORI 1 YES 2 PERFORI PERF	MED?	TURED	1 Month 3 Months WERE AUTOPSY FINDINGS AMAILABLE PRIDOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 1 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition Gram Negative S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation 2 Accident Investigation dearmined	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	D: Leukemi D: 28. PL OTHER: 4 Nursing Hom GOF 28c. INJ JRY MO 1 Nursing Hom	ACE OF DEATH (Ch	8 Othe 28d. DE: 28f. LOC	PERFORI 1 YES 2 PERFORI OF (Specify) SCRIBE HOW IN CATION (Street a or Town, Strate)	MED? NO NO NJURY OCC	OF Rural F	1 Month 3 Months WERE AUTOPSY FINDINGS AMAILABLE PRIDOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 1 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition Gram Negative S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation 2 Accident Investigation dearmined 29a. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	DE Leukemi Leukemi Leukemi 28. PL OTHER: 4 Nursing Hom COF 28c. INJ INV M 1 N Irrest, factory, offici	ACE OF DEATH (Ch a 5 Residence DRY AT RKY (ES 2 NO and place, and due	8 Othe 28d. DE:	PERFORI 1 YES 2 Per (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	MED? NO NJURY OCC	or Rural A	1 Month 3 Months were autopsy findings amalable prior to completion of cause of death? 1 Yes 2 % No
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition Gram Negative S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation 2 Accident Investigation dearmined 29a. CERTIFIER (Check only)	DUE TO (OR AS A ACUTE Lym DUE TO (OR AS A C. DUE TO (OR AS A d.	A CONSEQUENCE OF A CONS	DE Leukemi Leukemi Leukemi 28. PL OTHER: 4 Nursing Hom COF 28c. INJ INV M 1 N Irrest, factory, offici	ACE OF DEATH (Ch a 5 Residence DRY AT RKY (ES 2 NO and place, and due	8 Othe 28d. DE: 28f. LOC City a to the cata	PERFORI 1 YES 2 Per (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	MED? NO NJURY OCC Ind Number of the state of due to the	or Rural R	1 Month 3 Months were autopsy findings amalable prior to completion of cause of death? 1 Yes 2 % No
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition Gram Negative S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation of the dearmined dearmined (Check only one) 29a. CERTIFIER (Check only one) 1 CERTIFIER EXAMINER AND TITLE OF, CERTIFIER	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF Phocy tic A CONSEQUENCE OF A CONSEQUENCE	DE Leukemi Leukemi Leukemi Leukemi 28. PL OTHER: 4 Nursing Hom OF 28c. INJ HY W Itreet, factory, offici	ACE OF DEATH (Ch	8 Othe 28d. DE: 28f. LOC City a to the cata	PERFORI 1 YES 2 Per (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	MED? NO NJURY OCC Ind Number of the state of due to the	or Rural R	1 Month 3 Months were autopsy findings analyable prior to completion of cause of death? 1 Yes 2 \$2 No
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition Gram Negative S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF Phocy tic A CONSEQUENCE OF A CONSEQUENCE	DE Leukemi Leukemi Leukemi The underlying 28. Pt OTHER: 4 Nursing Hom OF 28c. INJ WO 1 Nursing Hom oreal, factory, official d at the time, data h, in my opinion, d	ACE OF DEATH (Ch 5 GRasidenca TRKY YES 2 NO and place, and dua and place, and dua 29c. LICENSE NUR 29c. LICENSE NUR	8 Othe 28d. DE: 28f. LOC City a to the cata	PERFORI 1 YES 2 Per (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	MED? NO NJURY OCC Ind Number of the state of due to the	or Rural R	1 Month 3 Months were autopsy findings analyable prior to completion of cause of death? 1 Yes 2 \$2 No
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition Gram Negative S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation of the dearmined dearmined (Check only one) 29a. CERTIFIER (Check only one) 1 CERTIFIER EXAMINER AND TITLE OF, CERTIFIER	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	DE Leukemi Leukemi Leukemi Leukemi 28. PL OTHER: 4 Nursing Hom OF 28c. INJ HY W Itreet, factory, offici	ACE OF DEATH (Ch 5 GRasidenca TRKY YES 2 NO and place, and dua and place, and dua 29c. LICENSE NUR 29c. LICENSE NUR	8 Othe 28d. DE: 28f. LOC City a to the cata	PERFORI 1 YES 2 Per (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	MED? NO NJURY OCC Ind Number of the state of due to the	or Rural R	1 Month 3 Months were autopsy findings analyable prior to completion of cause of death? 1 Yes 2 \$2 No



BALTIMORE, MARYLAND 21215-0020	
-	
BOX 68760,	
BO	
P.O.	
L RECORDS,	
ITAL	
OF V	
SION OF	
DIVIS	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flowing after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3							3. TIME OF DEATN						
	Alvin Charles Walters								June 25, 1994			0440 M	
	4. SOCIAL SECURITY NUMBER 5. SEX			6. AGE (In yrs. las	st birthday)	IF UNDER			1 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	131-22-9973		1 M 2 F	84	YRS.	MONTHS	DAYS	HOURS	Arm.	(Morith, Day, Year) Sept. 4, 19	09	Wash	nington, D.C.
	9e. FACILITY NAME (If not in		reet and number)			9b. CITY	r, TOWN	OR LOCATI	ON OF DE			INTY OF D	
8	Montgomery	Genera	al Hospit	a1		01r	nev				Mon	tgome	rv
DIRECTOR	RESIDENCE OF DEC	EDENT 10b. COUNTY									THOIL	LEOME	
						Y, TOWN							10d. INSIDE CITY LIMITS?
ا ر	Maryland 100. STREET AND NUMBER	Mont	gomery			Silve		prin					1 TES 2 NO
FUNERAL							101	. ZIP COD	=		10g. CIT	IZEN OF W	HAT COUNTRY?
빌	3521 Twin B	ranche				_		2090			US		
	1 Never Merried 2	Married	FORCES? 1	IT EVER IN U.S. AF VAR OR DATES	NO		if yes, sp	ecity Cubi	ın, Mexica	IIC ORIGIN? (Specify Yes	or No	14. RACE Black	- American Indian, , White, atc.
B	3 Widowed 4 Divo		IF YES, GIVE V				1 🗌 YES	2 XNO	Specify	c.		Specific	v: ite
ED	15. DEC	EDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATION	ON		16b. KIND OF BUS	SINESS/INI		Tre
	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5	(G	ive kind of v Do NOT us	vork done	during mo	st of world	ng				
COMPL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5+		wyer					Legal			
Į	17. FATNER'S NAME (First, M	iddle, Last)		,	1			16. MOT	NER'S NA	ME (First, Middle, Maiden	Sumame)	_	
ш	Dibble		Walters					Ma	ae.	Dra	ager		
0 8	19e. INFORMANT'S NAME (7			19	b. MAILING	ADDRESS	S (Street a			Route Number, City or Tow	77.	p Code)	20906
ř	Helen H. Wa	1ters		3.	521 T	win	Bran	nches	s Dri	lve Silver	Spri	ing.M	
	20a. METHOD OF DISPOSITE		wal from State	20b. PLACE	ANDDATE	F DISPOS	SITION (NE					City or To	
	4 Donetion 5 Other	(Specify)		Rock (ry	6/	/29/94 Wash	ningt	on.	D.C.
	21. SIGNATURE OF FUNERA	L SERVICE	enthre C			22.	NAME A	ND ADDRE	SS OF FA	CILITY			
	Deme	051	-00m	75						llins Funer			
	23. PART I. Enter the di	seases, or c	omplicatione the	t coused the de	eth. Do n	ot enter	the mo	de of dv	ing. such	Blvd.,W.	Cattory ar	rest.	MD 20901
	shock, or h	aart failure.	Liat only one cau	use on each line	1.			-,				-550	interval Between Onset and Death
	iMMEDIATE CAUSE (Fir disease or condition		COND	ماريد	A C D	and a same					of a		
	resulting in death)		DUE TO	(OR AS A CONSE	OUENCE OF	ele occident					days		
, I		days									-2000		
HTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
5	cause. Enter UNDERLY!	NG	B										
	thet initiated events		DUE TO	(OR AS A CONSE	QUENCE OF	7:							
S E	reaulting in death) LAS		ı	-									
- н	PART II. Other significe	nt condition	e contributing to	death but not	reculting i	n the u	nderlyin	Centee	alven le	Pert I, 24a. WAS AN	Allmanen	0.41-	WERE AUTOPSY FINDINGS
S S	chronic	Rym		2011 De 0	Mad			- 10000	g 911 H	PERFOR	RMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ב ב	metestat	1: 1	destate	CALL	41714	2				1 🗆 YES 2	KNO		OF DEATH?
Σ	11-1-	-		care	non	16							1 TES 2 NO
CIAN:	25. WAS CASE REFERRED TO	MEDICAL	idio Mi	LAUGINA			28 PI	ACE OF F	EATH CL	eck only one)			
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3		OTHE	R:					_	
<u> </u>	27. MANNER OF DEATH		26e. DATE OF	INJURY	26b, TIM	E OF		URY AT	esidence	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OO	CURED	
, I		Pending	(Month, E			URY M	WC	RK7	NO			- without	
D 84	2 Culaida	Could not be	28e. PLACE C	F INJURY — At he	rme, ferm, s	treet, fact			-	261. LOCATION (Street	and Numbe	r or Rural A	loute Number,
ш		Could not be determined	building,	etc_(Specify)						City or Town, State)			
MPLE	29e. CERTIFIER 1 NCERT	IFYING PHYSI	CIAN: To the heat of	my knowledge d	ath accura	d as ab	time de	and str					
E										to the cause(e) and mar time, date end place, en			and manner as stated
3	96. SIGNATURE AND TITLE					, at the C	promoti u						
4	STONAIDHE AND TITLE	OF CENTIFIER	0					29c. LIC	ENSE NUM	IBER	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WAR	COMPLETED CAU	SE OF DEATE OF	M 27) /Firm	Print1		1)0	4+8	106	6	122	PI
	Eric Tane			old Go	12/1/po.	ا نون	Ro 1	F204	. 8-	Etherda.	Nd	208:	44
	31. DATE FILED (Month, Day.		32PREGISTRA	R'S SIGNATURE	-			\	1	- (. 41		
	JUN 3 (400	Julia De	widson-As	ndelle								

Pages 1, 2, 3 should

permit.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit		
ending	as the		
or att	or use		
nospital	ched fr		45
the !	e deta		t one
ned b	d bluo		led a
e retai	5 sh		notii
тау Б	r. pagi		st be
ge 6	directo		I mu
eath. P	uneral		camin
after d	y the	noval.	cal es
Nours	d in b	or ref	medi
	by fille	ation,	the
ed with	omplete	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
poecut	and c	buria o	natic
te be	sician	prior to	traur
ertifica	ing phy	giene	other
eath c	attend	ntal Hy	y, or
the d	y the	Mer Mer	injur
s that	ned b	of the	any
require	een sig	of Hea	Shows
law	has b	Dept	23
N: The	icate	State	item
SICIA	certif	the	0
PHY	r this	th with	arked
NDIN	L. Afte	r deal	ES
ATTE	CTOR	afte.	28
OR.	E SE	hours	Item

PHYSICIAN:

BY

COMPLETED

BE

9

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: If Item 21

1 YES 2X NO

27. MANNER OF DEATH

1 X Natural

2 Accident

3 Suicide

4 Homicide

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF CEATH MARK WALKER JUNE 28. 1994 5:40 Р 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 XM 2 - F DAYS HOURS 412-04-0637 YRS. Jan 1. Arkansas 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Manor Care Nursing Home Prince George's Largo 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Washington, D.C. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 711 - 14th Street, S.E. (Bsmt) 20003 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, etc. 1 XNever Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White 15. OECEDENT'S EDUCATION

with only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION

The distribution of working most of working COMPLETED 16b. KIND OF BUSINESS/INDUSTRY (Specify only Elementary/Secondary (0-12) College (1-4 or 5+) Bellman Hotel 2 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Adrian Walker Doreen Ascott BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Tim Walker (Brother) 2586 Wesselly, Memphis, TN 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE 1 Burial 2 X Cremetion 3 Removal from Stata 4 Donation 5 Other (Specify) Baltimore-Washington Crematory 6-29 Laurel, 21. SIGNATURE-OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A. M00827 933 Gist Ave, Silver Spring, MD 20910 23. PARY I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ehock, or heart fellure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition Lymphoma of Brain 1 Mo. resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): 3-4 Yrs Acquired Immune Deficiency Syndrome CERTIFICATION Sequentially jist conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART ii. Other eignificent conditions contributing to death but not resulting in the underlying ceuee given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS

24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 X NO 1 YES 2 NO

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 X Nursing Home 5 Residence 8 Other (Specify) HOSPITAL: Inpatient 2 - ER/Outpatient 3 - DOA 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO Investigation

29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated,

28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and manner as stated,

(oka	Kegn	and	19

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, 0

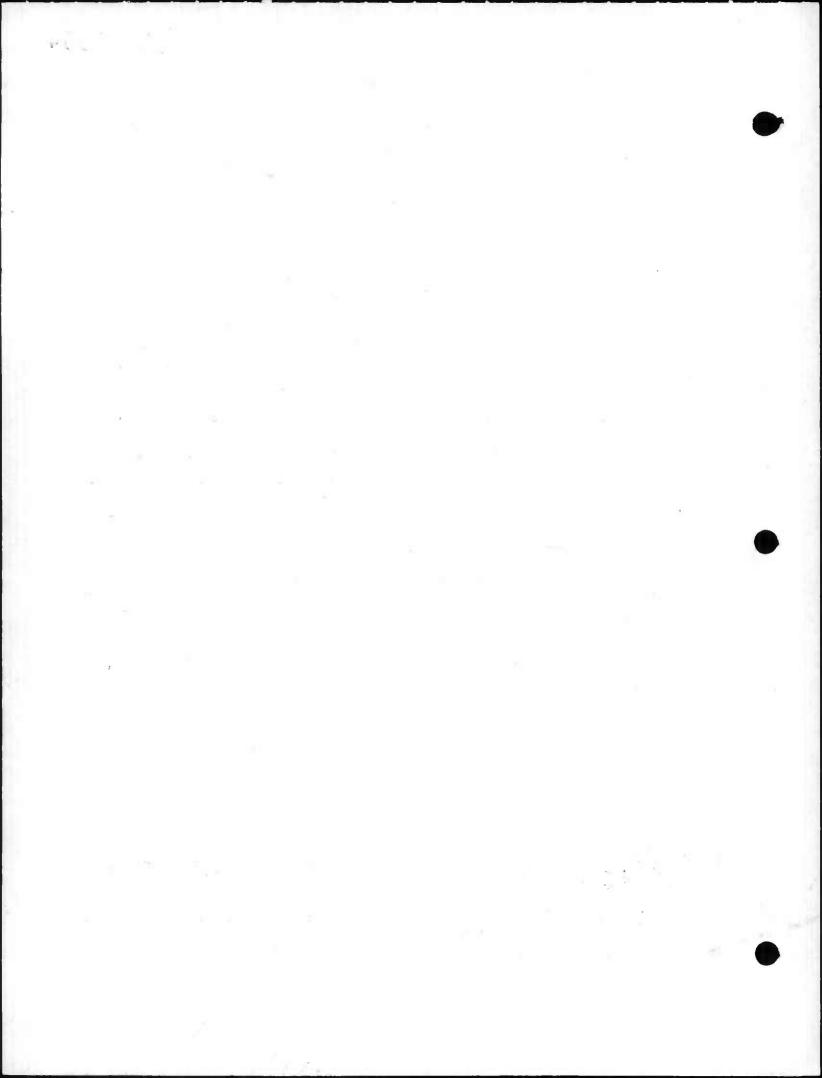
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Rakesh Arora, M.D.

8 Could not be

14300 Gallant Fox Lane #222, Bowie, MD 20715-4003

31. DATE FILED (Month, Day, Year) 32 REGISTRAB'S SIGNATURE 0 1 1994



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within "Priours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, gage 5 should be detached for use as the burial-transit nermit. Pages 1 2 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	HEALTH AND		YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				<u> </u>	2. DATE OF I	DEATH	3. TIME OF DEA	TH
	JOYCE FRANCE	S WAGNE	ER .			TULY	4, 1994	0524	м
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, De	HRTH	8. BIRTHPLACE (State or F	oreign
1	219-34-3281	1□ M 2 🔀 F 57	7 YRS.	MONTHS DAYS	HOURS MIN.	11-08		Maryland	
-	9a. FACILITY NAME (If not institution, give s	·		9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COL	JNTY OF DEATH	
E	PENINSULA REGIO	NAL MEDICAL	CENTER	SALISE	BURY		W	COMICO	
E C	10a. STATE 10b. COUNTY	r	10c, CIT	Y, TOWN OR LOCAT	TION			10d, INSIDE CITY	
DIRECTOR	Md. Word	ester						LIMITS?	
,	10e. STREET AND NUMBER	ESTEL		Salisbu	rey I. ZIP CODE		10g. CI	1 YES 2	NO
FUNERAL	2241 St Lukes	Rd.			2180	1	1		
N	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ABMED		ENDENT OF HISPA	ANIC ORIGIN? (S		U.S.A. 14. RACE — American Indi Black, White, atc.	en.
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Maxic		, stc.)	Black, White, atc. Specify:	
								WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of a	USUAL OCCUPATION WORK done during mo	ON ost of working	16b, KIN	D OF BUSINESS/IN	DUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT us						
\S	17. FATHER'S NAME (First, Middle, Last)		Housev	rite			Own Hor	me	
	A CONTRACTOR OF THE PROPERTY O	U-100					, Maiden Surname)		
BE	Marion Francis 19a. INFORMANT'S NAME (Type/Print)	патев	19b. MAIL ING	ADDRESS (Street a	V101a	Ann S	mullen hy or Town, State, Zi	- 0-41	
2	Vernon Wagner							Md. 21801	
	20a. METHOD OF DISPOSITION	201	PLACE AND DATE			DATE		City or Town, State	
	1 Surial 2 Cremation 3 Remo	OVER FROM State I can	mullen	thes placed		100000		ter County	MA
	21. SIGNATURE OF FIRERAL SERVICE LIC	ENSEE	0 /		ND ADDRESS OF F	ACILITY	HOLCES	cer county	Ma .
1	Descriptor	Kun		Pour	de Eur	own1 II			
	23. PART i. Enter the diseases, or o	complications that cause	d the death. Do n	of enter the mo	de of dving au	ches cerdies	ome, sa	alisbury,	
	anock, or neert reliure.	List only one cause on e	ech line.	or office and mo	ac or aying, so	on se cerdisc	or respiretory si	interval B	atween
	iMMEDIATE CAUSE (Final disease or condition	. ARTERIOSC	TEDOMIA (ZADDTOLA	COURTE	7.003.00		Onset sno	
1	resulting in death)		CONSEQUENCE OF		SCULAR I	JISEASE		YEARS	5
z		b.						j	
E	if any, leading to immediate		CONSEQUENCE OF):					
₹	CAUSE (Disease or injury	<u> </u>							
ΙË	that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE DE	7):					
CERTIFICATION		1							
7	PART ii. Other algolficent condition	a contributing to deeth b	out not resulting i	n the underlying	g ceuse given in	Part i. 24a.	WAS AN AUTOPSY		
200						15	PERFORMED?	AMAILABLE PRIOR COMPLETION OF (
MEDIC								OF DEATH?	NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	heck only one)			
YSI	1 XYES 2 □ NO	1 Inpetient 2 ER/Outp	etient 3 XDOA	OTHER: 4 - Nursing Hom	e 5 🗆 Residence	8 Other (Spe	ocify)		
РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIMI	URY WO	URY AT RK?	28d. DESCRIB	E HOW INJURY OC	CURED	
B	2 Accident Investigation				ES 2 NO				
8	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	treet, factory, office		28f. LOCATION City or Tox	(Street and Number vn, State)	r or Rural Route Number,	
	AA - 050715150								
	29a. CERTIFIER	CIAN: To the best of my know							
APL			a and/or law attents.	n, in my opinion, d	esth occured at the	e time, data end	place, and due to the	ha ceuse(a) and manner as e	isted.
COMPL		R: On the beals of examination	il and/or ilivestigatio						_
BE COMPLET		R: On the beals of examination	_		29t. LICENSE NU	мвен	29d. DAT	E SIGNED (Month, Day, Year)	
BE	29% SIGNATURE AND TITLE OF CERTIFIER	R: On the beals of axamination	DEPUTY		DO359			ULY 4, 1994	
ш	2 MEDICAL EXAMINER 295. SIGNATURE AND TITLE OF CERTIFIER 297. NAME AND ADDRESS OF PERSON WHO	R: On the basis of axamination	DEPUTS	Printj	D0359	9	▶ J1	ULY 4, 1994	
BE	2 MEDICAL EXAMINED 290. SIGNATURE AND TITLE OF CERTIFIER AD NAME AND ADDRESS OF PERSON WHO JOHN T. BULKELEY	R: On the basis of axamination COMPLETED CAUSE OF DE. M.D., 108 I	DEPUTY	Printj	D0359	9	▶ J1	ULY 4, 1994	
BE	2 MEDICAL EXAMINER 295. SIGNATURE AND TITLE OF CERTIFIER 297. NAME AND ADDRESS OF PERSON WHO	R: On the basis of axamination	DEPUTY ATH (ITEM 27) (7)(0)(A PINE BLUE ATURE	Printj	D0359	9	▶ J1	ULY 4, 1994	

dü

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TOTAL TENED AND COLOR OF
140

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

					•					91	4 2	0900
	FOR	STATE OF M	ADVI AND (DEDAD	TMEN	T OF U	FAITH	AND	MENTAL HYG	ENE		
	1 - STATE REGISTRAR	SINIE UF M		ERTIF					MENIAL HYG REG.			
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEAT	H DAY	YEAR	3. TIME OF DEATH
	Roger Leo	WEBER				_			June 2	5	1994	2:40am
	4. SOCIAL SECURITY NUMBER	1.00	6. AGE (In yrs. les	-	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Yes	(r)	8. BIRTHP Country)	LACE (State or Foreign
	578-40-4672 9e. FACILITY NAME (If not institution, give si	1 🕅 M 2 🗆 F	64	YRS.					May 9,			York
O.B.	Doctors Communi		tal			anhar	n locati	ON OF DE	EATH		ince (George's
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c. CIT	Y TOWN	OR LOCAT	TON					IOd. INSIDE CITY
HO	Maryland Princ	ce George	T c		· _	urel						LIMITS?
	10e. STREET AND NUMBER	de deorge			Ба		. ZIP COD	E		10g. Cl		IAT COUNTRY?
ERAL	1025 Marton Stre	eet					2070	7		1-1-	USA	
FUN	11. MARITAL STATUS	12. WAS DECEDENT FORCES? t	EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	F HISPAN	NIC ORIGIN? (Specif	y Yes or No-	14. RACE -	- American Indian, White, etc.
BY F	1 Never Married 2 Nerried 3 Widowed 4 Divorced	IF YES, GIVE WI	R OR DATES	•0			2 NO		in, Puerto Rican, atc y:	.)	Specify	
ED	t5. DECEDENT'S EDUC	Kore Kore		CEDENT'S	IISUAL O	CCUPATIO	NA.	_	165 KIND OF	BUSINESS/IN		ite
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (t-4 or 5 +)	(G	ive kind of a	work done	during mo.	st of working	ng	IOB. KIND OF	BUSINESS/IN	DUSTRY	
19	10th	College (L4 Or 5+)		ffice	e St	aff			Lu	mber		
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Me	iden Surneme)		
BE (Eugene J.	Weber,	Sr.					zel				arthy
2	19a. INFORMANT'S NAME (Type/Print)		19						Route Number, City o			
	Emily F. Weber 1025 Marton Street Laurel, MD 20707									_		
	20c. LOCATION - City or Town, State 20c. LOCATION - City or Town,											
	21. SIGNATURE OF FUNERAL SERVICE, LIC	ENSEE	ј вауа	ra Ce			ID ADDRE	SS OF FA	6 / 28 CILITY	Bayard	, We	st Virginia
	1. In. 11. 71	(+				Stew	art l	Fune	ral Home			
$\vdash\vdash$	7/LANCLIN /V.	CUSUL that	naviged the de	eth De s		32 S	outh	Sec	ond Stre	et Oa	kland	, MD 21550
	shock, or heert fallure. List only one cause on each line.										Approximete interval Between Onset and Death	
	resulting in deeth) e QUE TO (OR AS A COMMUNICATION OF AS A										100.	
_	## IMMEDIATE CAUSE (Final disease or condition resulting in death) e. Pulluotum edelic. Due to (or as a consequence of) Coronomy Weart disease. 70.5										YEIVS	
흔	Sequentielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										216	
₹	cause. Enter UNDERLYING CAUSE (Disease or injury	· pa	leet	0	>	_						Kiss
ERTIFICATION	that initieted events resulting in death) LAST	OUE TO (OR AS A CONSE	DUENCE O	FI:	at	- 5	Ticl .	161			Cun
CER	rossiting in death) End!	d. Call	CLTY	1 -	to	01	- 4	ally	ser			610.
CAL	PART II. Other significent condition	s contributing to d	leeth but not r	esuiting	in the u	nderiying	ceuse (given in	Part I. 24a. WA	S AN AUTOPSY		VERE AUTOPSY FINDINGS
EDIC										S 2 NO		WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
M												YES 2 NO
	DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF	DEA	TH Y	ES [L_NC				
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DEATH YES NO DEATH YES NO DEATH YES NO DEATH YES NO DEATH (Check only one) 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:												
IS.	1 YES 2 NO	1. Inpetient 2 28e. DATE OF I		_	4 🗆 Nu	rsing Hom		sidenca	8 Other (Specify)			
унд ,	1. Natural 5 Pending	(Month, Da	r, Year)	28b. TIM	IURY M		RK?	NO	28d. DEŞCRIBE H	OW INJURY O	CCURED	
2 Accident Investigation 2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, tarm, street, factory, office 28s. LOCATION (Street and Number or Run.)								er or Rural Ro	ute Number,			
TED	4 Homicide 6 Could not be detarmined	building, a	tc. (Specify)						City or Town, S			
PLET	29s. CERTIFIER (Check only	CIAN: To the best of r	ny knowledge, da	ath occurr	ed at the	time, deta	and place	, and dua	to the cause(s) and	manner as at	ated.	
COMP	one) 2 MEDICAL EXAMINE											and manner as stated.
E C	296. SIGNATURE AND TITLE OF CERTIFIE	0111	1				29c. LICI	ENSE NUI	MBER	29d. DA	TE, SIJENED (Worgth, Day, Year)
18 0	2110	sto M	(0)				D	14	22	> 6	0/25	194
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLS	OF DEATH ATE	M 070 /T	Defeat							

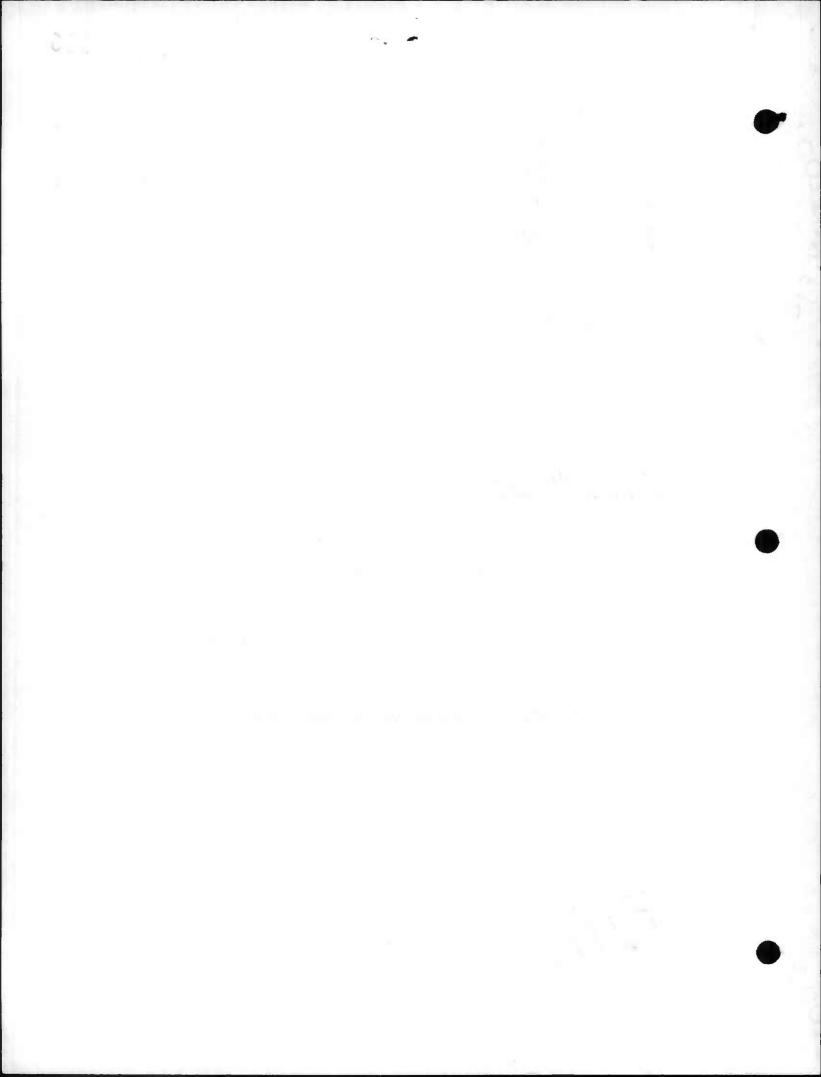
MD

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Le

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	be executed within 24 are after death. Page 6 may be retained by the bosoital or arranding observing
AND 2	hospital of
MARYL	the trained the ti
IMORE, I	Page 6 may be
BALT	after death.
3	24 LIPS
OX 68760,	e executed within
0	ã

ENDING PHYSICIAN: The law requires that the death certificate be executed within 25 after death. Page 6 may be retained by the hospital or attending physician.	R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st er death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	The state of the s
SICIAL	certifi the	-
2 PHY	r this	-
VUING	: Afte	-
ALE	NECTOR urs after	00
AL UR ALIEN	DIRE	14.
1 AL	RAL DI	2 84 5
HUSPIIAL	FUNERAL Within 72	ALBERT.
-	·	1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	BEG NO

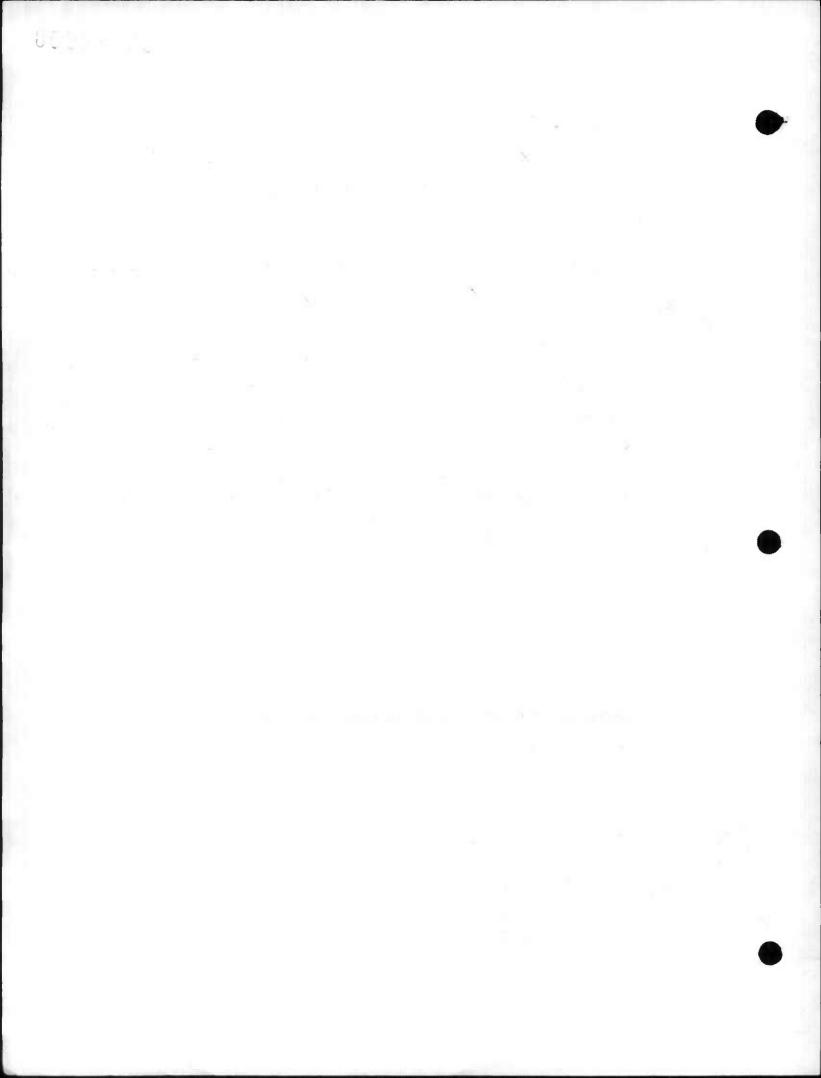
_	1 - STATE OF MARYLA	ND / DEPARTMENT OF HEALT CERTIFICATE OF DEA	H AND MENTAL HYGIENE ATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH
	Adam Stanley Zbignewich		June 25, 19	994 YEAR 10:00 A
			ER 24 HRS. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
		70 YRS. MONTHS DAYS HOURS	Nov. 23, 1923	B Pennsylvania
Œ	9a. FACILITY NAME (if not institution, give street and number)	9b. CITY, TOWN OR LOCA	TION OF DEATH	c. COUNTY OF OEATH
DIRECTOR	9203 Tuckahoe Lane	Adelphi	F	Prince Georges
REC	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY
	Maryland Prince Georges	Adelphi		1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	10f. ZIP CO	DE 10	og. CITIZEN OF WHAT COUNTRY?
JNE	9203 Tuckahoe Lane 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U		0783	USA
	1 Never Married 2 Married FORCES? 1 VES	2 NO If yes, specify Cut	OF HISPANIC ORIGIN? (Specify Yea or I ban, Mexican, Puerto Rican, etc.)	Black, White, alc.
ВУ	3 Widowed 4 Divorced WW II	ES 1 TYES 2 XN	Specify:	Specify: White
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	6a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of work	16b. KIND OF BUSINE	
J'E	Elementary/Secondary (0-12) College (1-4 or 5+)	Me. Do NOT use retired.)		
COMPL	17. FATHER'S NAME (First, Middle, Last)	Record Clerk	D.C. Gove	
EC	Adam Zbignewich		THER'S NAME (First, Middle, Maiden Surn	
00	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Numb	bina Schwi	
5	Eileen T. Zbignewich	9203 Tuckahoe Lan		
	20a. METHOD OF DISPOSITION 20b. P.	LACE AND DATE OF DISPOSITION (Name of		Land 20783
	4 Donation 5 Other (Specify) Ar1	ory, cremetory or other place) Lington National	6/30/94 Arlin	gton.Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDR	ESS OF FACILITY	
	grad 3 sange		.Collins Funeral	
CERTIFICATION	that initiated events OUE TO (OR AS A Co	ONSEQUENCE OF:		Approximate interval Batwee Onset and Deet 3 mos 4 years
MEDICAL	PART II. Other algorificent conditions contributing to death but Rhumstin arthritis Alive Anne amputat Hypertension 25. WAS CASE REFERRED TO MEDICAL	tion (WWI)	given in Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 194	
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inpution 2 ER/Outpetic	OTHER: 1	lasidenca 6 Other (Specify)	
훘	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJUR	RY OCCURED
ВУ	1 Natural 5 Pending 2 Accident Investigation	M 1 YES 2 [□ NO	
0	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, atreet, factory, office	281. LOCATION (Street and N City or Town, State)	lumber or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowleds 2 MEDICAL EXAMINER: On the basis of examination as	gs, death occurred at the time, data and place	e, and due to the cause(a) and manner (es stated.
	29h. SPANTURE AND TITLE OF CERTIFIER			
TO BE	A THE TO SUMMAN TO THE THE THE THE THE THE THE THE THE THE	min. Da	3606 (md.)	2 June 1994
	John F. Brennan, Jr., M.D. 341 DATE FILED WAY, Day, World 1994 JUN 3 0 1994 June Sandton	5 Hamilton Street	Hyattsville, MD	20782-3953

STATE OF STREET

2012 112 12 12 13 150

•	(5	>	2	Z	DIVISION OF VITAL RECORDS, P.O. BOX 687	=	Ļ	KEC	CH	ä	י בי	.O.	0	¥ 68
W	HDSPITAL	5	A	TENDI	NG	LOR ATTENDING PHYSICIAN: The law requires that the death certificate be execute	Ē	WE S	requires	that	the	death	certificate	be	execute
	-	-	-	-							-				

	1. DECEDENT'S NAME (First, Middle, Last) Conrad B. A		CERTIFICAT		2. DATE OF MONTH	DAY	YEAR	IME OF DEATH
	4. SOCIAL SECURITY HUMBER	5. SEX 6. AGE (In yrs.	lest birthday) IF UND YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7 u l y 7. DATE OF (Month, D. 9 - 6	BIRTH	8. BIRTHPLAC Country)	E (State or Foreign
ECTOR	9a. FACILITY HAME (If not institution, give street Union Memor RESIDENCE OF DECEDENT	et and number) Cial Hospita	-	ry, town on Location of D Baltimore (EATH		NTY OF DEATH	DROBI
DIR	MARYLAND 10b. COUNTY		BALT				100	HSIDE CITY LIMITS? YES 2 NO
NERAL	830 WEST 40TH			21211		U	J.S.A.	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Hover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 [IF YES, GIVE WAR OR DATES WWIII		I. WAS DECEMBENT OF HISPA If yos, specify Cuban, Maxic 1 YES 2 NO Speci	in, Puarto Rica		Black, Whi Specify:	merican Indian, ta, atc.
PLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired. MEDICAL	e during most of working)		ND OF BUSINESS/IND		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) JONATHAN ACTON			16. MOTHER'S N	ME (First, Midd CIS HO	lle, Maiden Surname) DUSE		
2	19e. IHFORMANT'S NAME (Type/Print) ALLAN ACTON		1312 H	SS (Street and Number or Rural EATHER HILI		BALTO.,	MD. 2	1239.
ő	20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ol from Stata cernelers.		CREMATORY		BALTO.	MD •	tata
	21. SIGNATURE OF FUHERAL SERVICE LICENTIAL REPORTS REP	laus III		HENRY W. 3	ENKIN			
	23. PART t. Enter the diseases, or corahock, or heart feliure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the st only one cause on each I	ine.	er the mode of dying, suc	h ea cardiac	or reepiratory arm	est,	Approximata Interval Betwee Onset and Dec
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM-						
MEDICAL (PART II. Other significant conditions	contributing to deeth but no	ot reculting in the u	underlying ceuse given in		a. WAS AN AUTOPSY PERFORMEO? YES 2 NO	COMI OF D	E AUTOPSY FINDING ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
MED	DID TOBACCO USE CO	ONTRIBUTE TO CA	USE OF DEA	TH YES NO				
	25. WAS CASE REFERRED TO MEDICAL							
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Inpetient 2 ER/Outpetient 2ea. OATE OF INJURY	28b. TIME OF	ER: ursing Home 5 Residence 28c, INJURY AT			URED	
D BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be	Inpatient 2 - ER/Outpatient	3 DOA 4 H	ER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	28d. OESCRI	BE HOW INJURY OCC ON (Street and Number		Number,
ETED BY PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEOICAL EXAMINER? 1	Inpatient 2 ER/Outpetient 2ea. OATE OF INJURY (Month, Day, Year) 26a. PLACE OF IHJURY — At building, atc. (Specify) AN: To the best of my knowledge,	3 DOA 4 H	ER: rating Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	26f. LOCATION OF THE COURSE TO the cause(s	BE HOW INJURY OCC ON (Street and Number own, State)	or Rural Route i	
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEOICAL EXAMINER? 1	Inpatient 2 ☐ ER/Outpetient 2ea. OATE OF INJURY (Month, Day, Year) 2ea. PLACE OF IHJURY — At building, atc. (Specify)	3 DOA 4 H	ER: rating Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	26f. LOCATIC City or To the cause(s) time, data and	ON (Street and Number own, State) s) and manner as state of place, and due to the good. DATE	or Rural Route i	menner aa state



BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physicis	DIRECTOR After this certificate has been stoned by the attending physician and completely filled in by the funeral director name 5 should be detached by the use as the human-
	nours after de	filled in by the fi
DIVISION OF VITAL RECORDS, P.O. BOX 68760	w requires that the death certificate be executed with	been signed by the attending physician and completely if
DIVISION OF VITAL	L OR ATTENDING PHYSICIAN: The law	DIRECTOR: After this certificate has

transit permit. Pages 1, 2, 3 should an. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with frouts after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be, find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	TOP						4 7	20300
	1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPAR CERTIF	ITMENT OF H	DEATH AND	MENTAL HYGIEN REG. NO	_	4,197
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH
		thew G. Bio				07 1		
			s. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mooth, Day, Yoar) 08/02/41		BIRTHPLACE (State or Foreign Country)
	234-66-0108 9e. FACILITY NAME (If not institution, give street	X M 2 □ F 52	YRS.					ennsylvania
œ	The second secon		,		OR LOCATION OF E		9c. COUNTY	
15	602 Milldam Cour	rt Apt. 43	<u> </u>	МІТТЕ	rsville	9	Anne	Arundel
DIRECTOR	10e. STATE 10b. COUHTY		10c. CIT	Y, TOWN OR LOCAT	ТОН		_	10d. IHSIDE CITY LIMITS?
	Maryland Anne	Arunde1			Mille:	rsville		1 TES 2 HO
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE			OF WHAT COUNTRY?
ᇦ	602 Milldam Cour	rt Apt. 43	3		211	08	U	SA
5		. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2				NIC ORIGIN? (Specify Yes	or No- 14,	RACE — American Indian, Black, White, etc.
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1959 - 196			2 N HO Spec			Specify: White
ED	15. DECEDENT'S EDUCATI	ION 18e		USUAL OCCUPATION	ON .	16b, KIHD OF BUS	RIMESS/INDUST	
1 1 1	(Specify only highest grade com Elementary/Secondary (0-12) C	ollege (1-4 or 5+j	(Give kind of life. Do NOT u	work done during mo se retired.)	st of working	100.14115-01-50.	3111L337111D031	ni
뒽	12		andsca	apist		Landsc	aping	
COMPLET	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden		
BE (Unavai	lable				Unavaila		
2	19e. IHFORMANT'S HAME (Type/Print)					Route Number, City or Tow		
-	Susan I. Bice		602 1	Milldam	Ct. A			ille, MD 21108
	20e. METHOD OF DISPOSITIOH 1 Burlel 2 Commellon 3 Removal 4 Donation 5 Other (Specify)	from State 20b. PLA	CEAHD DATE	of disposition (Na lither place) Ematory	, Inc.	07/18 Ba	cation — chy ltimo	or Town, State re, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Ma mala	1	22. NAME AF	ID ADDRESS OF F	ACILITY		
	Dawn F. McDon	7 (04201000)		orema	tion S	ociety of	Mary	land, Inc. re, MD 21228
	23. PART i. Enter the diseasee, or com	plicetions thet caused the	deeth. Do	not enter the mo	de of dying, au	ch as cardiac or respi	ratory arrest,	Approximate
	shock, or heert feilure. List IMMEDIATE CAUSE (Final	only one cause on eech	iine.		, .	•	,	interval Between Onset and Death
		Cardiopuli DUE TO (OR AS A CO)	monert	Arrest	. *			
	resulting in death)	DUE TO (OR AS A COI	HSEQUENCE O	F):				
z	6	Squamous Cell	Carci	nong, sot	+ Palate			6 mouths
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	NSEQUENCE O	F):	C	have		1
2	CAUSE (Disease or injury	V DUE TO (OR AS A CON V ECK M OUE TO (OR AS A CON L V ng M	erus;	rases 7	1104 /	BOVE.		1 mouth.
E	thet initiated events resulting in death) LAST	1 1/na N	10 to 4	tales fr	m Al	BVE		1 month
CE	d		C, W.					
A	PART ii. Other eignificant conditions co	ontributing to death but n	ot resulting	In the underlying	g cause given in	Part i. 24s. WAS AH		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICA						1 _ YES 2		COMPLETION OF CAUSE OF DEATH?
ME								1 TYES 2 THO
	DID TOBACCO USE CO	ONTRIBUTE TO C.	AUSE O	F DEATH	YES N	0 🔲		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		28. PL	ACE OF DEATH (C	heck only one)		
YS!	1 YES 2 NO 1	☐ Inpetient 2 ☐ ER/Outpetien		4 Nursing Hom	e 5 🗆 Reeldence	8 Other (Specify)		
РНУ	27, MANNER OF DEATH 1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b, TIN	JURY WO	RK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED
à	2 Accident Investigation	On DIACE OF BUILDING			YES 2 HO			
TED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	it nome, tarm,	street, factory, offici		281. LOCATION (Street of City or Town, State)	end Number or F	Burel Route Number,
COMPLET	one)	N: To the beat of my knowledge						
ON	one) 2 MEDICAL EXAMINER: O	On the beals of examination end	d/or investigation	on, in my opinion, d	eath occured at th	e Ilma, data end place, an	d due to the ca	suse(e) and menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	d Man	M	10	29c. LICENSE HU	JMBER	29d. DATE SI	GNEO (Month, Dey, Year)
B	pover	7. Jala	Mh	ore.	D447	04	▶ 07	/18/94

A AODRESS OF PERSON WHO COMPLETED PAUSE OF OEATH (ITEM 27) (Type, Print)

Tt Yaes, M.D. 22 S. Greene S

D. 22 S. Greene Street

Robert Yaes,

MD 21201

Baltimore,

	1. DECEDENT'S NAME (First, Middle, Last BETTY	F		Е	BREWE	R			2. DATE OF DEATH	er e		7:35 PM
	4. SOCIAL SECURITY NUMBER 213-34-6625	5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	934	MARY	LAND
OR	NORTH ARUNDEL I	HOSPITAL AS	SSOCIA'	TION			BURN			9c. COUN	A . A .	COUNTY
DIRECTOR	MARYLAND			10c, CIT	v, town o	LEN		JRNI	E			d. INSIDE CITY LIMITS? YES 2
FUNERAL	100. STREET AND NUMBER 208 EVA	NS STRE	ET			101	210	50		100 NT		T COUNTRY T
ВҰ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Noverced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2X	ARMED (HO	1	If yes, sp	ENDENT Cube	n, Mexica	IIC ORIGIN? (Specify Yen, Puerto Ricen, atc.)	s or No-		American India hite, etc.
APLETED	15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (6-12)		,	DECEDENT'S (Give kind of a life. Do NOT us	work done o se retired.)	CCUPATIO	ON ost of working	ng	CATER			NATIO
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Bernard Mu	undell						SS16	ME (First, Middle, Maider Bensle			
70	June Het	oron		1264	ADDRESS L U	S (Street e	nd Number 1 de r	or Aural I	ne, uden	ton, T	fo" 21	113
	20e, METHOD OF DISPOSITION ABurlel 2 Cremetton 3 Red 4 Donellon 5 Other (Specify)	emoval from State		CEANO OATE			MET	ERY	OATE 20c. LC	VE AF	City or Town,	State MD
	21. SIGNATURE OF FUNERAL SERVICE	James James	S.			NAME AI	C .					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Ros	(OR AS A CONS	SEQUENCE O	5	and cont	Bre		rest G		^	Onset and
MEDICAL	PART II. Other significent condit	lons contributing to	death but no	ot resulting	in the un	nderlyin	g cause (given in	Pert I. 24a. WAS AI PERFO	RMED?	AM CO OF	RE AUTOPSY FI ALABLE PRIOR MPLETION OF C DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	₹:			6 Other (Specify)			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF (Month, Da		28b. TIM		28c. IN.	URY AT ORK?		28d. OESCRIBE NOW	INJURY OCC	CUREO	I E
CC 111	2 Accident Investigation 3 Suicide 8 Could not it 4 Homicide determined	26e. PLACE Of building,	F INJURY AI atc. (Specify)	home, ferm,	street, fact	lory, offic	:0	= 1	261. LOCATION (Street City or Town, Stets		or Rural Rout	e Number,
ED		VOICE 11 To 11 1 1 1 1	my knowledge,	death occurr					to the cause(s) and ma			
LETED		INER: On the basis of ex		or investigation	on, lormy o	pinion, c	seath occur	red at the	lime, date end place, e	nd due to Ih	e canse(e) eu	nd manner ee s
ETED	(Check only	INER: On the basis of ex		for Investigation	on, lg/my o	My		ENSE NUR			SIGNED (M	

68760
BOX
P.O.
1,80
ORE
REC
LAL
- VI
NOF
SIO
N X

The law requires that the death certificate be executed withing hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
ath. P	neral		
er de	the fu	wal.	
urs af	in by	remc	
9	filled	on, or	
WITHIN.	pletely	h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	
cuted	d com	unial.	
e exe	an an	r to b	
cate	hysic	e prio	
certifi	d build	lygien	
eath	atten	ntal H	
the	the	d Me	
that	ed by	th an	
uires	Sign	Healt	
be /	peen	t. of	
e aw	has	Dept	-
I.	ficate	State	
SICIA	certi	the	
PHY	this	With	
		gen-	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEA	LTH AND MI	ENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) Renna	Μ.		Byrd		DATE OF DEATH DAY	YEAR 1994	3. TIME OF DEATH
Pin	4. SOCIAL SECURITY NUMBER 244-52-2196	1 🗆 M 2 💢 🗡 💍 5	9 YRS.	ONTHS DAYS HO	URS MIN.	Mogth pay ton (1	935 8. BIRT 1935 Coun	HPLACE (State or Foreign try) CAROLINA DEATH
1, 2, 3 should	9a. FACILITY NAME (If not institution, give s Union Memoria RESIDENCE OF DECEDENT		spital	Baltin	nore Ci		n/a	DEATH
ft. Pages 1	100. STATE 100. COUNT	n/a	10c. CITY,	BALTIN	10RE			10d. INSIDE CITY LIMITS? XX YES 2 NO
physician. burial-transit permit. Pages 1,	10e. STREET AND NUMBER 814 R	ADNOR AVE	NUE	10f. ZIP	21212		IOG. CITIZEN OF	STATES
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR D	2XXNO		Cuben, Maxican, I	ORIGIN? (Specify Yes o Puerto Rican, etc.)	r No — 14. RAC Blac Spe	E — American Indian, ck, White, atc.
for use as the	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use i	k done during most of etired.)		16b. KIND OF BUSIN		
by the hospital or a loe detached for us at once.	8 TH 17. FATHER'S NAME (First, Middle, Last) SAMUE ALSTON		NURSI	IG ASSIS		(First, Middle, Meiden St. SABARR	mame)	
e 5 should notified TO BI	198. INFORMANT'S NAME (Type/Print) ANITA ALSTON		19b. MAILING AI		lumber or Rural Rou	to Number, City or Town. DOVER, D	State, Zip Code)	RE 19901
e 6 may rector, pa must b	20s. METNOD OF DISPOSITION 1X Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	cen	BALTIMOF	E CEME	TERY	BAL	TIMORE	
death.	21. SIGNATURE OF FUNERAL SERVICE LIG	D Johnson	80	WM. C.		FH110		NORTH ABE.
within hours at pletaly filled in by cremation, or remement, the medicinent,	IMMEDIATE CAUSE (Final	E. T. WAA VE DUE TO (DR AS A	each line.		of dying, auch a	a cardiac or reapire	tory arreat,	Approximata interval Between Onset and Death
th certificate be execu- ending physician and il Hygiene prior to bur or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с.	A CONSEQUENCE OF):					
igned by the resith and Me ra any inju	PART II. Other algolificant condition	e contributing to death b	out not reaulting in	the underlying ca	use given in Pa	rt I. 24s. WAS AN AI PERFORM	ED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF [OF DEATH (Check	only one)		1 TYES 2 NO
PHYSICIAN: The this certificate h with the State red, or item	EXAMINER? 1 YES 2 D NO 27. MANNER OF DEATN 1 Natural 5 Pending	HOSPITAL: 1 Vinpetlant 2 ER/Outs 280. DATE OF INJURY (Month, Day, Year)		Y WORK?	AT 2	Other (Specify) ad. DESCRIBE NOW INJ	URY OCCURED	
DR: After death feer death B Is man	2 Accident Investigation 3 Suicide a Could not be determined	28s. PLACE OF INJURY building, atc. (Spe	f — At home, ferm, atre		2 NO 2	at. LOCATION (Street and City or Yown, State)	d Number or Rural	Route Number,
HOSPITAL OF AT EUNERAL DIFECT INTERN 72 hours a MAYE. If I hem 2 COMPLET	ana)	CIAN: To the best of my know						s) end manner as stated.
D THE H	296. SIGNATURE AND TITLE OF CERTIFIES Duan A	enul MO			LICENSE NUMBE	996	DULY	0 (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	LL UNION	MEMORI	ac Hosp	ITAL			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	Bodon					

permit, Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPIN, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death, Page 6 may be retained by the hospital or attending physician,	THERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	MANY: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
-	2	版	

	REGISTRAR		CERTIF	ICATE O	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	ROBERT P	•	В	ABICKY		2. DATE OF DEATH	Ψ ς	YEAR 01:45 AM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		S. BIRTHPLACE (State or Foreign
	215 12 4076	1 😾 M 2 🗆 F	71 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 03/17/19	22	Country)
	9a. FACILITY NAME (If not institution, give s.	treet and number)	7.2	9b. CITY, TOWN	OR LOCATION OF DE			Maryland
Œ	NORTH ARUNDEL HOS		OCTATION		BURNIE			A.A. COUNTY
K I	RESIDENCE OF DECEDENT	JITAL ADDO	CIATION	GLEN	DOKNIE		P	A. COUNTI
DIRECTOR	10a. STATE 10b. COUNTY		10c. CI	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
	Maryland Ann	e Arundel	B	altimore	<u>:</u>			LIMITS?
AL	10e. STREET AND NUMBER			1	of, ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?
ER	122 Sycamore Ro	ad			21226		ט	.S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV		13. WAS DE	CENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No —	14. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 X 1			pecify Cuben, Maxicas S 2 X NO Specify			Black, White, etc. Specify:
ВУ	3 Widowed 4 Divorced	World War	II		34			White
9	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPAT	ION tost of working	16b. KIND OF BUS	SINESS/IND	USTRY
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during n se retired.)				
MP	12th Grade		Oil Te	erminal	Worker	Tenne	co Oi	1
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Sumame)	
H		James Bab	icky		Emn	na Muzik		
2	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Tow	n, State, Zip	Code)
-	Eltin Babicky		122 S	ycamore	Road 1	Baltimore,	Mary	land 21226
	20a. METHOD OF DISPOSITION 1 1√ Burial 2 □ Cremation 3 □ Rame	oval from Stata	20b. PLACE AND DATE		lema of	DATE 20c. LO	CATION —	City or Town, State
	4 Donatton 5 Other (Specify)				ns Cem.	7/20 Cro	wnsvi	lle, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Q1		AND ADDRESS OF FAC	CILITY		
	VC: Fuk	W/X	Jones			ce Funeral		
	23. PART I. Enter the diseases, or o	complications that cau	used the deeth. Do	not enter the m	ode of dying, such	HWY. Balt	IMOTE	e, Md. 21225
	shock, or heart failure.	List only one cause of	n each ilne.		,,,,,,		atory arr	Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	110	4	1.0	- /	/	/.	Onset and Dasth
	resulting in death)	a. 100	AS A CONSEQUENCE	agu	(4)	- yang	1000	CA
_	_	DOL TO (ON	AS A CONSEQUENCE C	rr). O		,		
CERTIFICATION	Sequentielly list conditions,	DUE TO (OR A	AS A CONSEQUENCE O	n:				
Ä	if any, leading to immediate cause. Enter UNDERLYING			,				
E	CAUSE (Disease or injury that initiated eventa	DUE TO (OR	AS A CONSEQUENCE C	F):				
E	reaulting in deeth) LAST	4						
EDICAL	PART ii. Other significent condition				ng ceuse given in i	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	3731em10	Ca	a dide =	210		1 _ YES 2	NAO	COMPLETION OF CAUSE OF DEATH?
ME								1 TES 2 NO
450								
ž								
CIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Che	ock only one)		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	NOSPITAL:	Outpetlent 3 🗆 DOA	OTHER:	PLACE OF DEATH (Che			J
HYSICIAN:	EXAMINER?	1 Inpatient 2 ER/	RY 28b. TIN	OTHER: 4 Nursing Ho 1E OF 28c, IN	me 5 Aasidenca		NJURY OCC	TURED
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/	RY 28b. TIN	OTHER: 4 Nursing Ho NE OF 28c. IN NURY	me 5 🗆 Residence	6 Other (Specify)	NJURY OCC	URED
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/ 28a. DATE OF INJU (Month, Day, Ye) 28a. PLACE OF INJ	RY 28b. Tik	OTHER: 4 Nursing Ho NE OF 1URY 28c. IN W 1	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a		
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/	RY 28b. Tik	OTHER: 4 Nursing Ho NE OF 1URY 28c. IN W 1	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW II		
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be datarmined	1 Inpetient 2 GER/ 28a. DATE OF INJU (Month, Day, 16 28a. PLACE OF INJ building, atc. (RY 28b. TIN IN URY — At home, farm,	OTHER: 4 Nursing Ho RE OF 28c, IN W M 1 street, factory, off	me 5 Residence JURY AT ORK? YES 2 NO	5 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State)	and Number	or Rural Route Number,
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only)	28a. DATE OF INJU 28a. DATE OF INJU (Month, Day, 16 28a. PLACE OF INJ building, stc. (RY 28b. TIN IN URY — At home, farm, Specify)	OTHER: 4 Nursing Ho IE OF 28c, IN W 1 1 Street, factory, off	JURY AT ORK? YES 2 NO ca	Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the cause(s) and man	nd Number	or Rural Route Number,
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28a. DATE OF INJU (Month, Day, 16 28a. PLACE OF INJ building, atc. (CIAN: To the best of my k R: On the best of axemin	RY 28b. TIN IN URY — At home, farm, Specify)	OTHER: 4 Nursing Ho IE OF 28c, IN W 1 1 Street, factory, off	JURY AT ORK? YES 2 NO ca	5 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street a City or Town, State) to the cause(s) and mar	nd Number	or Rural Route Number,
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only)	28a. DATE OF INJU (Month, Day, 16 28a. PLACE OF INJ building, atc. (CIAN: To the best of my k R: On the best of axemin	RY 28b. TIN IN URY — At home, farm, Specify)	OTHER: 4 Nursing Ho IE OF 28c, IN W 1 1 Street, factory, off	JURY AT ORK? YES 2 NO ca a and place, and dua death occured at the	5 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the cause(e) and mar time, data and place, an	ind Number	or Rural Route Number,
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJU (Month, Day, 16 28a. PLACE OF INJ building, atc. (CIAN: To the best of my k R: On the basis of axamin	RY 28b. Tile IN URY — At home, farm, Specify) nowledge, death occur ation and/or investigation.	OTHER: 4 Nursing Ho HE OF JURY M 1 street, factory, off	JURY AT ORK? YES 2 NO ca a and place, and dua death occured at the	5 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street a City or Town, State) to the cause(s) and mar	ind Number	or Rural Route Number, and. a cause(a) and manner as stated.
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO DR. MAYOR GORBAT	28a. DATE OF INJU (Month, Day, 16 28a. PLACE OF INJ building, atc. (CIAN: To the best of my k R: On the basis of axemin	RY 28b. Till IN URY — At home, farm, Specify) Nowledge, death occur instion and/or investiga	OTHER: 4 Nursing Ho HE OF JURY M 28c. IN W 1 street, factory, off red at the time, da on, in my opinion,	JURY AT ORK? VES 2 NO ca a and place, and dua death occured at the to the second secon	5 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street a City or Town, State) to the cause(e) and mar time, data and placa, an IBER	ner as state d due to the	or Rural Route Number, ad. a cause(a) and manner as stated. SIGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	28a. DATE OF INJU (Month, Day, Ye 28a. PLACE OF INJ building, atc. (CIAN: To the best of my k R: On the basis of axamin	RY 28b. Till IN URY — At home, farm, Specify) Nowledge, death occur instion and/or investiga	OTHER: 4 Nursing Ho HE OF JURY M 28c. IN W 1 street, factory, off red at the time, da on, in my opinion,	JURY AT ORK? VES 2 NO ca a and place, and dua death occured at the to the second secon	5 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street a City or Town, State) to the cause(e) and mar time, data and placa, an IBER	ner as state d due to the	or Rural Route Number, ad. a cause(a) and manner as stated. SIGNED (Month, Day, Year)

21.____ .

DHMH-16 Rev 1/69

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last	1 those is		2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthde	erine Boyd y)		7 94 6. Bit	RTHPLACE (State or Foreign					
	2/2-18-0745	1 M 2 OF 73 YRS		5-30-0	2/ 00	untry) Md					
TOR	96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH										
DIRECTOR	106. STATE 10b. COUN	10c. (CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	3526 Part	le Heights	101. ZIP CODE 2/2	15	10g. CITIZEN O	F WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		SPANIC ORIGIN? (Specify Y exican, Puerto Rican, etc.) pecify:	ACE — American Indian, lack, White, etc.						
ETED 8	ts. DECEDENT'S ED (Specify only highest gree	tile completed (Give kind	I'S USUAL OCCUPATION of work done during most of working I use retired.)	16b. KIND OF B	USINESS/INDUSTR	There is					
COMPLE	Elementary/Jesondary (0-12)	College (1-4 or 5 +)			-						
	17. FATHER'S NAME (FIRST, MIGGIE, LAST)	. Streams	18. MOTHER'S	S NAME (First, Middle, Majelen Syrname).							
TO BE	The INFORMANT'S MAME (TypePres)		NG ADDRESS (Street and Number or R	LO.		1 1					
	20a. METHOD OF DISPOSITION	204 PLACE AND DA	TEOF DISPOSITION (Name of	DATE 20c. L	Oa 19 OCATION City of	Town, State					
	Donation 5 Other (Specify) State Carton Stat										
	21. BIONATONE OF FUNERAL BETWICE LICENSMI.										
Н	23. PART Enter the diseases, or	complications that caused the death. D	o not enter the mode of dying,	Wabas such as cardiac or res	piretory arrest,	Approximata					
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one sausa on each lina.	enal Fau	- /		interval Betwea Onsat and Daar					
	Intermedia Chinesenti II	DUE TO (OR AS A CONSCOUENCE	OF):								
TION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Sequentially list conditions, Dury to (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
IFIC											
EH	resulting in death) LAST	6									
A L	PART II. Other significant condition	ons contributing to death but not resulting	PERFO	PERFORMED? AVAILABLE PRIO							
MEDIC	DID TORACCO LISE	CONTRIBUTE TO CAUSE C	E DEATH VEC CO			OF DEATH?					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26, PLACE OF DEATH	(Check only one)							
YSIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOJ									
	ZZ. MANNER OF DEATH 1 Natural 5 Pending Investigation	(Munth, Dey, Meer)	INJURY M 1 YES 2 NO	26d. DEŞCRIBE HOW INJURY OCCURED							
June 1	2 Accident Investigation 3 Builde & Could not be	28e. PLACE OF INJURY - At home ferr	n, atreet, factory, offica	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
TED BY	4 Homicide determined		The CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
ETED	4 Homicide determined	SICIAN: To the beat of my knowledge, death occ	urred at the time, date and place, and	due to the cause(a) and m	anner as stated.						
ETED	4 Homicide determined 28e. CENTIFIER 1 CERTIFYING PHY:	SICIAN: To the best of my knowledge, death occ				e(a) and manner as stated.					
8	4 Homicide determined 28e. CENTIFIER 1 CERTIFYING PHY:	SER On the basis of examination and/or investig		the time, data and place, a	and due to the caus	DED (Month, Pay, Year)					
COMPLETED	29a. CERTIFIER CERTIFYING PHY Chack only 2 MEDICAL EXAMS SHOME ORE AND THE OF CERTIFIER CHACK CERTIFIER CERTIFIER CERTIFIER	SER On the basis of examination and/or investig	ation, in my opinion, death occured at 29c. LICENSE	the time, data and place, a	and due to the caus						
BE COMPLETED	29a. CERTIFIER CERTIFYING PHY Chack only 2 MEDICAL EXAMS SHOME ORE AND THE OF CERTIFIER CHACK CERTIFIER CERTIFIER CERTIFIER	the basic of examination and/or investig	ation, in my opinion, death occured at 29c. LICENSE	the time, data and place, a	and due to the caus						

81.

age 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL BECORDS DO BOX 68760

DALLIMONE, MANTLAND ZIZIS-0020	G PHYSICIAN: The law requires that the death certificate be executed within a viours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
CIVISION OF ALIAE RECORDS, T.O. BOX 60160,	THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be exec	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f and within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remoral.

MPDHTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

									9	4	2091	կ ։
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA							E			
	1. DECEDENT'S NAME (First, Middle, Last)	<u>JEIII</u>	RTIFICATE OF DEATH				REG. NO.			3. TIME OF DEATI	н	
	MYRTLE	E. BARN	1577				07/16	DA	¥	YEAR		М
	4. SOCIAL SECURITY NUMBER		s. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			07/16/94 7. DATE OF BIRTH			8. BIRTH	IPLACE (State or For	reign	
	212-34-9658	1 □ M 2 🖔 F	33 YR	S. MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) Co			Count		ia
	9e. FACILITY NAME (If not institution, give street			9b. Cl	TY, TOWN	OR LOCATION OF DE		7 10	9c. COU	West Virginia NTY OF OEATH		La
DIRECTOR	Harbor Hospital Ce		Baltimore									
딦	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10c	CITY, TOWN							10d. INSIDE CITY		
E	MD Doll		300000000000000000000000000000000000000								LIMITS?	
7	MD Balt 100. STREET AND NUMBER	imore	Lansdowne				AA- OUTUTEN OF				1 YES 2 V	NO
8	3505 Georgetown Ro	SEAF Cooperators Poord										
FUNERAL		12. WAS DECEDENT EVER IN	U.S. ARMED 13. WAS DECEMBENT OF HISPAI			ANIC ORIGINZ (Specify Veg or No. 14 PA				E — American India		
	1 Never Married 2 Merried	FORCES? 1 YES	2 K NO If yes, specify Cuben, Mexica			can, Puerto Ricen, etc.) Bi			Blac	k, White, etc.	44,	
BY	3 🔀 Widowed 4 🗌 Divorced		1 ☐ YES 2 ☑ NO Specify:						Spec	white		
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co		16a. DECEDEN			ON ost of working	16b. KIN	D OF BUS	INESS/INC	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NO	OT use retired	1.)	, at the thornary						
MP	8		Home	emake:	r		S	elf				
8	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S NA	ME (First, Middl	e, Maiden	Surname)			
BE	Oscar Lee Riffle						Groff					
2	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural							
	Delores Hayes 1717 Wilmington Avenue, Baltimore, MD 2											
	20a. METHOD OF DISPOSITION 1 VBurial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of cametary, cremetory or other place)											
	Meadowridge Memorial Park 7/20 Dorsey, Mary								yland			
	Ambrose F.H. of I											
	2719 Hammonds Fry. Rd., Lansdowne,								, MD 212	27		
	23. PART in Enter the diseases, or con shock, or heart fellure. Lis	mplications that caused	the death. [Do not ente	er the mo	de of dying, suc	h sa cardiac	or reapi	ratory an	rest,	Approxima	
	IMMEDIATE CAUSE (Final	and the state of t									interval Be Onset and	
	disease or condition resulting in death)	TIC BLADDER CANCER				2			4 mon	other		
	OUE TO (OR AS A CONSEQUENCE OF):											
N	Sequentially list conditions,											
AŢ	oue to (or as a consequence of): if any, leading to Immediate cause. Enter UNDERLYING											
CAUSE (Disease or Injury												
	resulting in death) LAST											
S	d											
ÄL	PART II. Other algnificant conditione	contributing to deeth bu	t not reaulti	ing in the	underlyin	g cause given in	Part I. 24	PERFOR		24b	. WERE AUTOPSY FIN	
PHYSICIAN: MEDICAL	0/203GP3 / 3									COMPLETION OF CO OF DEATH?	AUSE	
ME	CHRANIC URINADIA TRAAT INFECTION									1 - YES 2 N	10	
ä												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 428. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:											
YS	1 YES 2 NO 1 Impatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)											
	27. MANNER OF DEATH 1 Natural 5 Pending	28b.	28b. TIME OF 28c, INJURY AT WORK?			26d. DESCRIBE HOW INJURY OCCURED						
B	2 Accident Investigation	40.0	M 1 VES 2 NO At home, farm, street, factory, office			28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						
G	3 Suicide 6 Could not be 4 Homicide determined	y)										
COMPLETED	29e. CERTIFIER (Check only 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner se stated.									=======================================		
MP	(Check only											
8		On the beels of examination	end/or investi	gation, in my	y opinion, o	seath occured at the	time, date and	plece, en				ated.
BE									(Month, Day, Year)			
2	30 NAME AND ANDRESS OF PERSON WHO			MD						11 14	194	

7/16/94

30. NAME AND APDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) F. EUGENIO SOUTH HANDVER ST , BALTIMORE , MD VINES MD 300 i

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760

07/18

CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH GERTRUDE MARY BECKER 2:32 Am 1994 07 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 8-15-1925 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 X F 220-14-3179 68 Marvland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1 X YES 2 NO permit. FUNERAL 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 2400 Southern Ave funeral director, page 5 should be detached for use as the burial-transit 21214 U.S.A. retained by the hospital or attending physician. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR OATES 1 Never Married 2 Married 1 YES 2 X NO Specify BY 3 X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 10 yr's College (1-4 or 5+) Maryland Cup Production Line 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Stinebough Edith Craft të. notified 19a. INFORMANT'S NAME (Type/Print) 9 Mr. Ronald P. Becker 2400 Southern Ave. Baltimore, MD hours after death. Page 6 may be pe 20a, METHOD OF DISPOSITION

1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Holy Redeemer 4 Donation 5 Other (Specify). 7/21/94 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul examiner Hartsock, Jr. 22. NAME AND AGORESS OF FACILITY Baltimore, MD Tan Leonard J. Ruck, Inc. 5305 Harford Rd. and completely filled in by the burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onaat and Death event, the disease or condition Supraventricular tachy cardia and hypotensian over 10 (OR AS A CONSEQUENCE OF): resulting in death) Concestine traumatic CERTIFICATION Sequentially list conditions, OUE O (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Cononary Arte
DUE TO (OR AS & CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO Dept. **PHYSICIAN:** 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? OTHER: Inpetient 2 ER/Outpetient 3 DOA me 5 - Residence 6 - Other (Specify) 20 27. MANNER OF GEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 質量 marked. 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, ferm, atreet, tectory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 12 DIRECTOR: A 8 Could not be COMPLETED 28 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. UNERAL John 72 1 = MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 194 3 40 18 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANAS MUGHARBIL, 5601 LOCH RAVEN MD BLVD Baltimane 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

èn....

13

-

'a ."

3. TIME OF DEATH

7:20

8. BIRTHPLACE (State or Foreign Country)

2. DATE OF DEATH DAY

03/29/20

15, 1994

Spain
9c. COUNTY OF DEATH

JIII Y

7. DATE OF BIRTH (Month, Day, Year)

1. DECEDENT'S NAME (First, Middle, Last)

PHILLIP

4. SOCIAL SECURITY NUMBER

1 - FOR STATE REGISTRAR

og.	~	98. PACIELTY NAME (If not institution, give a			9b. CITY, TOWN OR L	OCATION OF DEATH		9c. COUNT	Y OF DEATH		
2,	DIRECTOR	THE JOHNS HOPKIN	NS HOSPITAL		BALTIMO	RE CITY					
es 1	EG	10a. STATE 10b. COUNT	Υ	10c, CITY	TOWN OR LOCATION				10d, INSIDE C	YTE	
- Pag	뜸	Bermuda			S	mith's	Parish		LIMITS?	ſ X NO	
Ë	AL AL	10e. STREET AND NUMBER				PCODE		10g. CITIZE	N OF WHAT COUNTRY		
020 physician. burial-transit permit. Pages	FUNERAL	1 Zuill's Par				FL06		British			
215-0020 attending physician. se as the burial-tran	BY FU	11. MARITAL STATUS 1 Never Married 2 Temperated	FOROTOR A TIMES A TIME				MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:				
5-0 ending as the				Programme and the second		Λ			SpecifyWhite	;	
121 or after	12	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of w	USUAL OCCUPATION ork done during most of retired.)	f working	16b. KIND OF BU	SINESS/INDUS	STRY		
AND 21 the hospital or detached for u	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	l	Keeper		Hote1				
AND he hospit detached	Š	17. FATHER'S NAME (First, Middle, Last)				. MOTHER'S NAME (F	irst, Middle, Maiden	Sumame)			
2 2 2 %	BE (Charles B	unn			Una	availab	ole			
MARYLAND retained by the hospit 5 should be detached notified at once.	70	19a. INFORMANT'S NAME (Type/Print)	_		ADDRESS (Street and I						
ay be may be me 5 page 5	-	Deborah F. Buni	n	1 Zui	ll's Pa	rk Dr. S	Smith's	Parish	Bermuda	FL06	
E 5 2 20		20e. METHOD OF DISPOSITION 1	novel trom State 20th cen	p. PLACE AND DATE One tery, crematory or other	rosposition (Name of place) natory,	Tno 07	/16 De		ty or Town, State		
- 0 0		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	, A	22. NAME AND A	DDRESS OF FACILITY	/ TO Ba	11 C 1 M	ore, MD		
ALTIN death. Pag tuneral di		> Yuum 9	Micronal	0					land, Ir		
2 2 2 2			onald	44. 4.4 8	299 Fre	derick	Rd. Bal	timo	re. MD 2		
urs in t		23. PART I. Enter the diseases, or shock, or heart failure.	List only one cause on e	a tha death. Do n ach line.	ot enter tha moda	of dying, auch aa	cardisc or reap	Iratory arres	intarva	i Between	
# 6 m		iMMEDIATE CAUSE (Final disease or condition	11 de			Caller				and Death	
ted with completely fill completely fill cremation.		reaulting in dasth)	. Multiple	SYSTEM	organ	TAILUI C			21	days	
DX 687 be executed cian and con or to burial,	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	С	A CONSEQUENCE OF							
P.O. entire entire I Hygien	ERT	that initiated eventa resulting in death) LAST d									
4, 64 3		PART II. Other significant condition	na contributing to death b	out not resulting in	n the underlying cr	nuse given in Part	i, 24a. WAS AN	Vadorija	24b. WERE AUTOPS	V ENDINGS	
C # 5 5 >	MEDICAL					and given in tall	PERFOR	RMED?	AMAILABLE PRI	OT PO	
Sign Fig. 5	9						1 VES 2	. No	OF DEATH?		
St of a se		DID TOBACCO USE	CONTRIBUTE TO	CALISE OF	DEATH YES	□ NO IV	1		1 U YES 2	N NO	
he law e has b e Dept.	NA I	25. WAS CASE REFERRED TO MEDICAL	L TO	CAOOL OI		OF DEATH (Check or	nly one)				
F VITA SICIAN: The certificate h the State I	Sic	EXAMINER?	HOSPITAL: 1 M Inpatient 2 ER/Out	patient 3 DOA	OTHER: 4 Nursing Home 5	5 ☐ Residence 6 ☐	Other (Specify)				
OF VITALISTICIAN: This certifical with the Student or Its	PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	286. TIME	OF 28c, INJURY JRY WORK?	AT 28d	DESCRIBE HOW I	NJURY OCCU	RED		
	ВУ	2 Accident Investigation	200 DI ACE OF INVESTOR			2 NO					
	ETED	3 Suicide 6 Could not be 4 Homicide datermined	28a. PLACE OF INJURY building, atc. (Spec	cify)	reet, tactory, offica	281.	City or Town, State)	and Number or	Rural Route Number,		
	٦	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best at my know	ledge, death occurre	d at the time data and	I place, and due to th	a councils) and may				
関 城で =	COMPL		ER: On the beals of examination							an stated.	
HE HOSPI HE FUNEF M within	100.00	29b. SIGNATURE AND TITLE OF CERTIFIE	911-			c. LICENSE NUMBER			SIGNED (Month, Day, Ye		
P Day	O BE	C/1 11. Z	lles			54/47357	JLSO	D 7/	15/94		
1 -	ř		O COMPLETED CAUSE OF DE	,	Print)	600 N	. Wolf	e Str	eet		
		John R. Liddicon			Hospita		more.		_		
_		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN								
		JUL 1 8 1994 of	1:14:0	-							
		ŕ	0.00	all					DHM	H-16 Rev 1/89	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

BUNN

74

6. AGE (In yrs. last birthday)

5. SEX

1 X M 2 - F

DHMH-16 Rev 1/89

alec.

- 1

DHMH-16 Rev 1/89

0X 68760, BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within the way are death. Page 6 may be retained by the hospital or attending physician. Capes 1, 2, 3 should certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he begin of health and Mental Hyglene prior to burial, cremation, or removal. 4, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR THE MAIN THIS CALIFICATE HAS REQUIRED BY the death cartificate be executed within Y. Jurs after deat TO THE FUNERAL UPSCIDIT After this cartificate has been signed by the attending physician and completely filled in by the funbe filled within 72 harms and the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal IMPORTANT: If them 23 is not seen 23 shows any injury, or other traumatic event, the medical example as a second control of the

BY STACKET NAME (IT FOR Institution, ope street and number) 95, FINCLIFY NAME (IT FOR Institution, ope street and number) 96, CTIV, TOWN OR LOCATION 96, CTIV, TOWN OR LOCATION 97, TOWN OR LOCATION 96, CTIV, TOWN OR LOCATION 107, 20 cdbe 108, DECEDERTY 109, CTIVETO OR WART COLUMNY 100, 20 cdbe 109, CTIVETO OF WART COLUMNY 100, 20 cdbe 109, CTIVETO OF WART COLUMNY 100, 20 cdbe 109, CTIVETO OF WART COLUMNY 100, 20 cdbe 109, CTIVETO OF WART COLUMNY 100, 20 cdbe 109, CTIVETO OF WART COLUMNY 100, 20 cdbe 109, CTIVETO OF WART COLUMNY 100, 20 cdbe 109, CTIVETO OF WART COLUMNY 100, 20 cdbe 109, CTIVETO OF WART COLUMNY 100, MARTICL STATUS 100, AND DECEDERTY BUSINESS, TOWN OR LOCATION 101, Wass, Seption, Columny 102, Wass, Seption, Columny 103, Was DECEDERTY OF BUSINESS, TOWN OR A PARTICL STATUS 104, Wass, Seption, Columny 105, DON'S Species 109, CTIVETO OF WART COLUMNY 101, Wass, Seption, Columny 104, Wass, Seption, Columny 105, DON'S Species 109, CTIVETO OF WART COLUMNY 109, Last Status 100, AND Species 109, CTIVETO OF WART COLUMNY 109, Last Status 100, AND Species 109, CTIVETO OF WART COLUMNY 109, Wass, Seption, Columny 101, Wass, Seption, Columny 101, Wass, Seption, Columny 101, Wass, Seption, Columny 101, Wass, Seption, Columny 101, Wass, Seption, Columny 102, Wass, Wass, Seption, Wass, Septi	FOR 1 - STATE REGISTRA	R_	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYG REG.		40
2/2 2/8 3/48	1. DEGEDENT'S N	R Th	ances F	RANCES E	BANKS				
THE STREET COLOR OF DECERTION AND ADDRESS OF THE STREET WILL AND ADDRESS OF THE STREET WILL ADDRESS OF			17	MOI MOI			(Month, Day, Ye	nr)	S. BIRTNPLACE (State or Foreign Country) USA (VIRGI)
THE STATE IN COUNTY IS CONTY ON THE LOCATION OF LOCATION ON LOCATI	Ashb	urton fle	using H	ms "	Baltu	more Y	nd		
11. MANTLE STATUS The washered 2 started 12. Mag DECEDENT EVER IN U.S. Agendo 13. Was DECEDENT (Security the or New 14. MALEY Agendo 15. Was DECEDENT (Security to or New 16. MALEY Agendo 17. MARK (Port Security 16. Mag Agendo 17. MARK (Port Security 17. MARK (Port Security 17. MARK (Port Market) 17. MARKET 17. MARK	MANUE MANUE	10b. COUNTY	timous	Bo	Itimo	J m	1		LIMITS?
If yes, specify Chaes, Mandam, Pastron Ream, skill greater, skil	200	. Uh 7	Lieton		101				
Country of Park Mode of Park Book Completed of S+1 DOMESTIC PRIVATE HOMES	1 - Never Marris	d 2 Married	FORCES? 1 TYES	2 NO	If yes, spe	cify Cuban, Mexica	n, Puarto Rican, etc	ly Yea or No.— 14	
1.2TH NONE DOMESTIC 17. FAINTER'S NAME (First, Middle, Last) JOHN WILSON 18. MOTHER'S NAME (First, Middle, Last) 19. MARLING ADDRESS (Street and Number or Furth Route Number, City or Term, State, Zp Code) 49.13 ST. GEORGES AVE. BALTO, MD. 21212 20. METROD OF DISPOSITION 1. BUTLE 2 (Middle Marking) 21. SIGNATURA OF FURERAL SERVICE LICENSES 1. Commission of		Specify only highest grade	completed)	(Give kind of work	done during mo		16b. KIND O	F BUSINESS/INDUS	STRY
THE. REFORMANTS TABLE (PromPring) THE. MALTING ADDRESS (Street and Number or Read Rosen Number, City or Rem., Stee, 2p Code) 10 BARBARA WILSON 10 BARBARA WILSON 20b. PLACE AND DATE OF DISPOSITION (Name of commands) or other places) 20b. PLACE AND DATE OF DISPOSITION (Name of commands) or other places) 20b. PLACE AND DATE OF DISPOSITION (Name of commands) or other places) 21. SIGNATURA OF PURPLAL, SERVICE LICENSEE 22. PART I. Entar the diseases, or complications that calcused the death, Do not antar the mode of dying, such as cardiac or respiredory arrest, and color. The part of commands are consistent or resulting in death) 22. PART I. Entar the diseases, or complications that calcused the death, Do not antar the mode of dying, such as cardiac or respiredory arrest, and color. The part of commands are consistent or resulting in death) 22. PART I. Entar the diseases, or complications that calcused the death, Do not antar the mode of dying, such as cardiac or respiredory arrest, and color. The part of commands are consistent or resulting in death) 23. PART I. Entar the diseases, or complications that calcused the death, Do not antar the mode of dying, such as cardiac or respiredory arrest, and color. The part of commands are consistent or resulting in death) 24. PART II. Other significant conditions. 25. PART II. Other significant conditions. 26. DUE TO (OR AS A CONSEQUENCE OF): 27. WAS CASE REFERRED TO MEDICAL EXAMINERY. 28. PLACE OF DEATN (Check only one) 29. PLACE OF DEATN (Check only one) 20. PART II. Other significant conditions. 20. PART II. Other significant conditions. 20. PART II. Other significant conditions. 21. PART II. Other significant conditions. 22. PLACE OF DEATN (Check only one) 24. WAS CASE REFERRED TO MEDICAL EXAMINERY. 25. PRACE OF DEATN (Check only one) 26. CRETIFIER 27. PLACE OF DEATN (Check only one) 28. DATE SIGNATURY AND Number of Plant Route Number of Plant Route Number. 28. DATE OF PRACE OF BUILTY AT INTERED CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CO	12TH			DOMES	TIC				IOMES
The, RPORMANT'S NAME (Type/Print) BARBARA WILSON 105. MALING ADDRESS (Street and Number or Rural Rouse Number City or Town, States, Zp Code) 4913 ST. GEORGES AVE. BALTO, MD. 21212 205. PLACE AND DATE OP DISPOSITION (Name) DATE 105. COLORIDO.—City of Town, States of Commonly of			SON					the second second	MC
BARBARA WILSON 4913 ST. GEORGES AVE. BALTO, MD. 21212 200. BLACE AND DATE OF DISPOSITION James DATE Jack Decision DATE			5011	19b. MAILING AD	DRESS (Street a				
20b. BLUCK AND DATE OF DISPOSITION DATE			N						
Sequentially list conditions, If any, leading to Immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	23. PART I. En ahi IMMEDIATE CA	tar the diseases, or ock, or heart failure.	complications that cause on as	the death. Do not ich line.	22. NAME AN CALVI	ID ADDRESS OF FA IN B. S E. PRE da of dying, auc	CRUGGS STON ST h as cardiac or	FUNERA BALT respiretory arres	AL HOME
AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? YES 2 NO	Sequantially II If any, landing cause. Enter L CAUSE (Disea that initiated e	est conditions, to immediate INDERLYING se or injury	b. DUE TO (OR AS A	CONSEQUENCE OF):				2/15/2	Jeans
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beale of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1 Inpetient 2 ERVOutpatient 3 DOA 4 Number 5 Residence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW IN			_	ut not reaulting in t	ha undarlyin	g cause given in	P	RFORMED?	COMPLETION OF CAUSE OF DEATH?
1 YES 2 NO 1 Impetient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 286. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 286. DATE OF INJURY 286.		FERRED TO MEDICAL			26. Pi	ACE OF DEATH (C)	neck only one)		10.0
1 Netural 2 Accident 3 Netural 5 Pending investigation 6 Could not be determined 22 No 22 No 22 No 22 No 22 No 23 No 24 No 25 No 25 No 25 No 25 No 25 No 26 No 26 No 26 No 26 No 26 No 26 No 26 No 27		NO NO				e 5 🗆 Residence	6 Other (Specif	y)	
3 Sulcide 4 Homicide 5 Could not be determined 29s. PLACE OF INJURY — At home, farm, street, factory, office 5 City or Town, State) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beale of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dgy, Year)	1 Natural	5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	Y WC	PRK?	28d. DESCRIBE	HOW INJURY OCCU	URED
(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dgy, Year)	3 Sulcide	6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, factory, offic	•	281. LOCATION (S City or Town,	Street and Number o State)	or Rural Route Number,
006944 > 7/18/94	(Check only								
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	29b. SIGNATURE	AND TITLE OF CERTIFIE	T All	ann		29c. LICENSE NU	MBER 94V	29d. DATE	SIGNED (Month, Dgy, Year)
101 WEST SEAD ST BATO MD VIDI	101	DORESS OF PERSON WI	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	(nt) B1	9270 1	yn m.	20/	(118/14

TICL HI . 4

TO BE COMPLETED BY FUNERAL DIRECTOR

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within property of the factor. Page 6 may be retained by the hospital or attending physician.

BRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should livors after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Item # 18 Film # G 713 07-25-94 N.A. Per Funeral Home

	1 - STATE REGISTRAR	SIMIE UF W	MAHYLANU / L CEI		ICATE					HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH	
	Eugene Samuel	Barrett							July	17,1	994	YEAR	10:25 P. m	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest t	birthday)	IF UNDER		IF UNDER	24 HRS,	7. DATE OF	BIRTH		8. BIRTH	IPLACE (State or Foreign	
	229-07-7314	1 🔀 M 2 🗆 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	DEc.	29.1	913	Countr	irginia	
	Se. FACILITY NAME (If not institution, give s	treet end number)		9b.			VN OR LOCATION OF DEATH					UNTY OF DEATH		
9	600 Dale Avenue	2			Ba	ltin	pre			imore County				
ᇤ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT													
DIRECTOR				inty Baltimore					LI				10d. INSIDE CITY LIMITS?	
	Md. Ba. 100. STREET AND NUMBER	ltimore Co	ounty	Bal	.tliio	_	. ZIP CODI			_	100 00	TITEN OF Y	1 YES 2 NO	
8	600 Dale Avenu	10				100	1206					U.S.A		
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARM	ED	13.				IIC ORIGIN? (S	Specify Yes			E - American Indian,	
	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W	THE PER 2 THO)	- 1	if yes, sp	cify Cube	n, Mexica	n, Puerto Rica	n, atc.)	0.10	Black	k, White, etc.	
B	3 Wildowed 4 Divorced					,	ZA_J NO	Ороспу				Speci	White	
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	/G/ve	kind of	USUAL Of	CCUPATIO	ON st of workin	10	18b. KI	ND OF BUS	SINESS/IN	DUSTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5+	·) life. D	NOT u	se retired.)				C.m.	ow of	Co-	- Cha		
M	17. FATHER'S NAME (First, Middle, Lest)		Carr	, CIII	ET					er of		V Sno	Þ	
	19 19 19 1 Carrier						_		ME (First, Midd					
BE	Eugene Barrett 190. INFORMANT'S NAME (Type/Print)		100	MAILING	ADDRESS	/Ctmat a	iat		Poute Number,		Nora		nes	
2	Mary T. Barrett								more,M		21206			
	20a, METHOD OF DISPOSITION		20b. PLACEAN	D DATE	OF DISPOS	ITION (Na			DATE	_		City or To	own. State	
	1 Burtel 2 Cremation 3 Ram 4 Donetion 5 Other (Specify)	oval from State	- Garden	story or o	ther place) Fai	lth			7-20			ore,		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- 0				D ADDRES	SS OF FAC	CILITY				ir Road	
	John C. Miller, Inc. Baltimore, Md21206													
	23. PART f. Enter the diseases, or o	complications that	t capaed the deat	h. Do	not entar	tha mo	de of dyi	ng, such	h as cardlad	or reapi	retory ar	rest.	Approximata	
	index, or heart feliure. List only ona causa on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
MEDICAL	PART II. Other eignificant condition							NO	_ 1	e. WAS AN PERFOR	MEDI	24b.	WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ock only one)					
YSI	1 TES 2 NO	1 Inpatient 2	ER/Outpatient 3		4 🗆 Nun		5 L A.	sidence	6 Other (S	pecify)				
	27. MANNER OF DEATH Natural 5 Pending	28e. DATE OF (Month, Da	INJURY ey, Year)	28b. TIN	E OF SURY		RK?		28d. DESCR	BE HOW IP	NJURY OC	CURED		
B	2 Accident Investigation	200 BLACE OF	E IN HIRW ALL		M	1 _ Y		NO						
PLETED	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At home atc. (Specify)	e, rerm,	street, ract	ory, office			28f. LOCATIO	ON (Street e fown, State)	and Numbe	r or Rural F	Route Number,	
I I	29a. CERTIFIER (Check only one)													
8	2 MEDICAL EXAMINE	R: On the basis of ex	ramination end/or inv	reatigation	on, In my o	pinion, de	eath occur	ed at the	time, date and	d place, en	d due to t	he ceuse(s) and manner ae stated.	
6 SNew to Shark, My 38033									29d. DAT	7 / /	8/94			
	30. NAME AND ADDRESS OF PERSON WH	· 515/1	MAB	27) (Typ9	Print)	1	Je	BA	LOPH	Dul	17	57		
	31. PATE FILED (Month, Osy, Voer)	relia Davids	R'S SIGNATURE	/ 1							/			

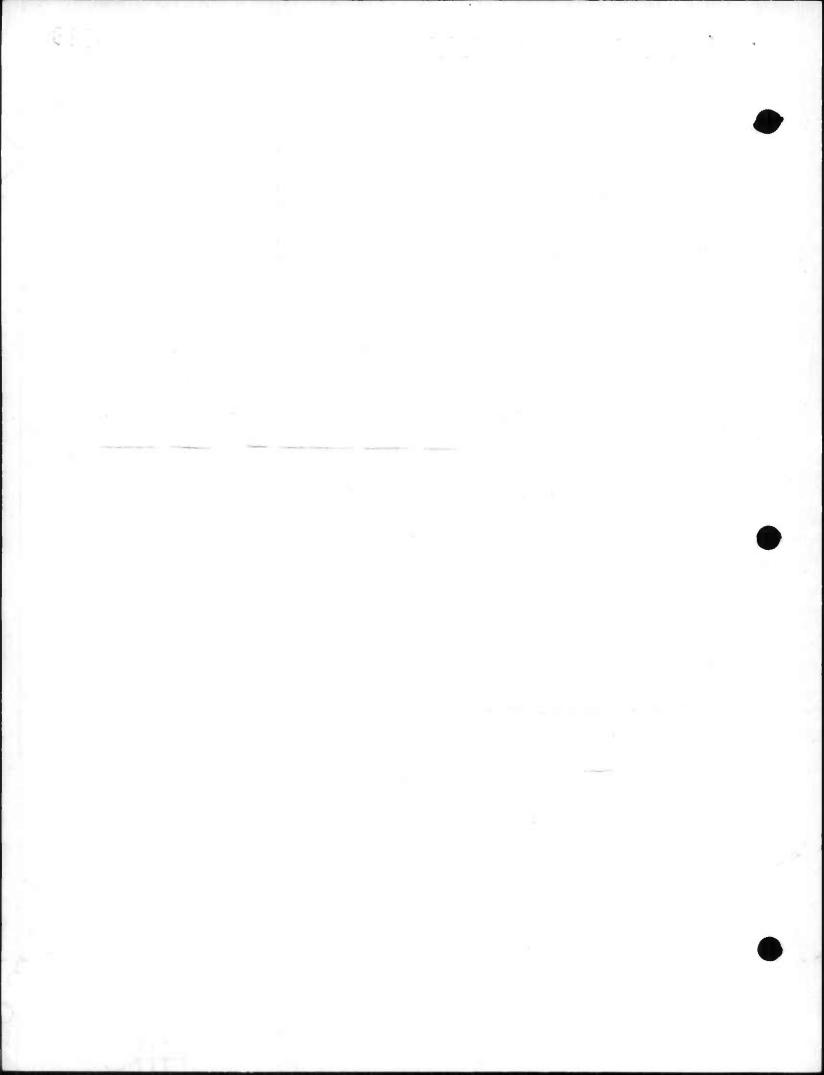
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - STATE REGISTRAR			ICATE OF		REG. NO.						
		1. DECEDENT'S NAME (First, Middle, Last)	Brian	Chap:	man		2. DATE OF DEATH DO O 7 1	ÿ *§	3. TIME OF DEATH 4 6:25 P.M				
		4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (I	n yrs. lest birthday) 3	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. E	HRTHPLACE (State or Foreign ountry) ARYLAND				
2, 3 should	OR	9s. FACILITY NAME (If not institution, give street # 10 HAMP'TON ROA	_			HICUM		9c. COUNTY					
physician. burial-transit permit. Pages 1.	DIRECTOR	100. STATE 10b. COUNTY MARYLAND ANN	E ARUNDEL	10c. CiT	Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES X X NO				
n. ansit permi	FUNERAL	100. STREET AND NUMBER 3 CORONET DRIVE				21090			OF WHAT COUNTRY?				
ling physicia the burial-tr	BY FUN	11 MARITAL STATUS 11 Never Married 2 Married 3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexicar 2 1 NO Specify	IC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE				
or attend for use as	PLETED		ON spleted) college (1-4 or 5+) ONE	16a. DECEDENT'S (Give kind of life. Do NOT us SELF		st of working	16b. KIND OF BUS		RΥ				
₹ £ £	SE COMPL	17. FATHER'S NAME (First, Middle, Lost) BRIAN A. CHAPMA	N			18. MOTHER'S NAI	ME (First, Middle, Malden H LYNN M	Sumame)	5				
ay be retained by page 5 should be t be notified at	TO B		APMAN			RST COU	RT, BEL	AIR, N	1D. 21014				
age 6 may director, pa er must b		20s. METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	بعاد	PLACE AND DATE		ORIAL P	* 94GLE	N BURI					
r death_P e funeral al. examin		Muchael	23. PART I. Enter the disease, or complications that caused the death, Do not enter the mode of dying, such as cardiac or resolvency arrest										
within pletely fille cremation.		23. PART I. Enter the diseases, or comshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Gunshot	sch line.	nd of	Ches		retory arrest,	Approximats Interval Between Onset and Death				
n certificate be execunding physician and Hygiene prior to bur or other traumatite	ERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d											
that ed by th an	MEDICAL C	PART II. Other significent conditions c	ontributing to death be	ut not resulting	in the undariyin	g cause givan in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?				
has been sign Dept. of Healt n 23 shows		DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE O					1 PTES 2 NO				
SICIAN: The certificate I the State I, or item	YSICIAN	EXAMINER? 1 TYPES 2 NO	OSPITAL:	etlant 3 DOA	OTHER:	LACE OF DEATH (Che	8 (Xother (Specify)	N YARI)				
NG PHYSII fer this co eath with t marked,	ву РНУ	27. MANNER OF DEATH 1 Natural 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIN IN.	URY WO	IURY AT DRK? YES 2 A NO	subject s	hot by					
CTOR: A after de 28 is	G	3 Suicide 6 Could not be 4\times Homicide detarmined	28s. PLACE OF INJURY building, atc. (Speci	At homa, farm,	street, factory, offic	0	281. LOCATION (Street City or Town, State)	Ne. 10	He mpten Roll				
EPTAL OR /	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAI (Check only one) 2 MEOICAL EXAMINER: C	N: To the best of my knowled the basis of examination						use(a) end menner as stated.				
THE POPULATION OF THE POPULATI	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	. Chriten	0		O.C.M			NED (Month, Day, Year)				
		30. NAME AND ADDRESS OF PERSON WHO C		111 H	enn St				yland 21201				
.		31. DATE FILED (MONT) Day 109994	Se Palataka a alon	- Randell		77.0			F 7 (8)				



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

LUIS F. G. M.D.

BALTIMORE, MARYLAND 21215-0020	ath. Page 6 may be retained by the hospital or attending physiciar	meral director, page 5 should be detached for use as the burial-tra
BA	nours after dea	d in by the fu
€		thy fille
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	LE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Proposition or attending physician	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained and with the Charles and March M

	P		
	. Pages 1, 2, 3 shou		
g proysician.	1. Should be detached not use as the burlan-transit permit. Pages 1, 2, 3 should		
or attendin	r use as th		
ne nospital	detached to		9000
stained by t	should be		offfled at
age o may be retained or	tor, page 5		nust be no
eath, rage	uneral direc		aminer m
Aurs arter of	in by the f	or removal.	nedical ex
WILLING	pletely filled	cremation, (rent, the r
n ceruncate de executed within a mours after peath, rage o n	an and com	r to burial,	umatic ev
cerunicate u	fing physical	lygiene prio	other tra
the ueath	y the atten	nd Mental H	Iniury, or
ednires ma	en signed t	of Health a	shows any
N. THE IGW	icate has be	State Dept.	Item 23 s
PRISICIAL	er this certif	th with the	arked, or
AL LEMOIN	ECTUR. Afte	in 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial	THI Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifi
PLAN GA	ERAL DIR	in 72 hou	T. H. Hen.

				- /					94	41	1920	
	FOR 1 - STATE REGISTRAR	STATE OF I					EALTH AND I	MENTAL HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Lillie 1	lae Ros	e Coo	per			2. DATE OF DEATH DO JULY 1	1994	AR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 242-64-0106	5. SEX	8. AGE (In yrs.)	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		BIRTNPL/ Country)	ACE (State or Foreign	
	9e. FACILITY NAME (If not institution, give str		AL CT		9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH BALTO						
DIRECTOR	GREATER BALTO RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY						1011					
	MD		BALTO				10d. INSIDE CITY LIMITS? XXX Yes 2 \(\text{\text{N}} \) No.					
FUNERAL	100. STREET AND NUMBER 5712 NORTHWOO	D DRI		101. ZIP CODE 21212				109. CITIZEN OF WHAT COUNTRY? U.S.A.				
BY FUN	11. MARITAL STATUS 1 Never Merried XX Married 3 Wildowed 4 Divorced	IT EVER IN U.S. / YES 2X		1	If yes, sp	ENDENT OF NISPAI ecity Cuben, Mexice 2 [X NO Specifi	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No.— 14.	Black, W Specify:	American Indian, /hite, etc.		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16. KIND OF BUSINESS/INDUSTRY									SCHOOLS			
	12TH 6YRS UNKNOWN BALTO CITY So To Father's Name (First, Middle, Last) MILTON A GAINEY 18. MOTHER'S NAME (First, Middle, Maiden Surmarne) LILLIE HAM										Беноовь	
10 8	10e INECOMANT'S NAME (Spaciford)											
	206. METHOD OF DISPOSITION XXBuriel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 21 SIGNATURE OF FINERAL SERVICE LICENSES											
	21. SIGNATURE OF FUNERAL SERVICE LIC	B }	T	- 1		H F/H-		O WAE	BASH	AVE		
	shock, Dr heart fellure. List pniy one ceuse on eech line. IMMEDIATE CAUSE (Fine) diseese or condition										Approximata Interval Batween Onset and Death	
	resulting in death)	DUE TO	(OR AS A CONS	EOUENCE OF	F):	-415	FOOT	ISCHEMI	c ULU	ER.	1 misele	
ATIO	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING		OR AS A CONS	EOUENCE O	F):		TUS	35(())			25years	
ERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in deeth) LAST		(OR AS A CONS								المعالية المعالية	
: MEDICAL C	PART II. Other significent conditions FND STAGE TO DI AGET DID TOBACCO USE C	e nen 7 Nep	AL DI	THY A	F PND	SE HYP	ENTEN!	PERFOR	IMED?	CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 28. DATE OF INJURY (Month, Day, Veer) 29. DATE OF INJURY Near 2 Sec. INJURY None 5 Revidence 6 Other (Specify) 29. DATE OF INJURY Near 2 Sec. INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY Near 3 DOA 2 Sec. INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY NEAR 1 NOTHING NONE 5 Revidence 6 Other (Specify) 28. DATE OF INJURY NEAR 1 NOTHING NONE 5 Revidence 6 Other (Specify) 28. DATE OF INJURY NEAR 1 NOTHING NONE 7 NOTHING NONE												
									NJURY OCCUR	ED		
									Rural Flout	e Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION ON 1 CERTIFYING PHYSIC DESCRIPTION OF THE CONTROL OF THE CHARACTER OF THE CHAR							to the cause(e) end mer		ouse(e) er	nd manner se stated.	
ME C	296. SIGNATURE AND TITLE OF CERTIFIER	- ()	100	-			29c. LICENSE NUI	MBER	29d. DATE SI		onth, Day, Year)	

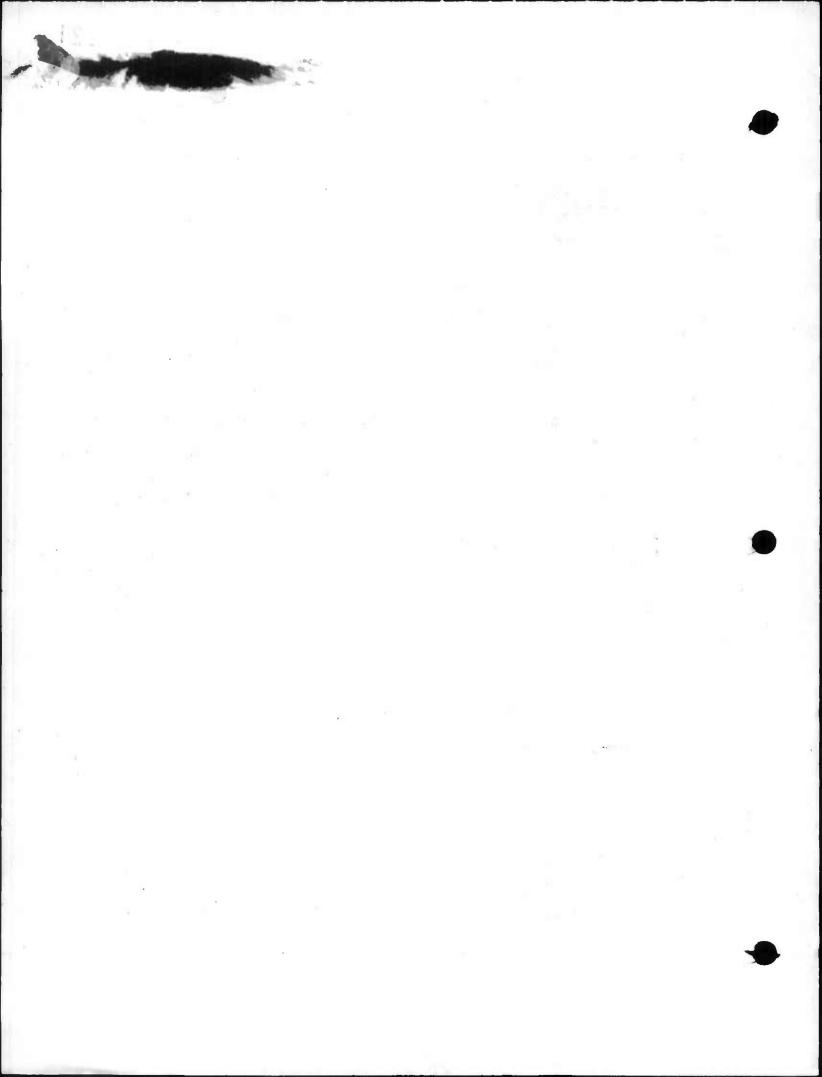
GBMC

DHMH-16 Rev 1/89

_	9
-	8
	3
	Q
	흑
	20
	8
	63
ŀ	9
	Scale
	Ħ
,	Sel
	45
	63
	ō
ı	the
	at
)	£
1	Jes Se
	3
	000
	MP
	40
	F
	ż
	×
	2
	3
	퓬
	9
	3
	9
	1
	Ê
	4

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND C		RTMENT OF			MENT	AL HYGIEN				
	1. DECEDENT'S NAME (First,	Middle, Last)	OSCAR	R.	CA	REY			2. DAT		7 0	YEAR	38.4	
	4. SOCIAL SECURITY NUMB		5. SEX 1 X M 2 F	6. AGE (In yrs. II	est birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		R 24 HRS.	7. DATI	E OF BIRTH		8. BIRTNPI Country)	ACE (State	_
	9a. FACILITY NAME (If not in	_	street and number)			9b. CITY, TOWN	OR LOCAT	ION OF D		, 21, 2	_	TY OF DEA	-	u
DIRECTOR	St. Agnes	Hosp	ital			Baltimore								
E I	10a. STATE	10b. COUNT			10c. CI1	Y, TOWN OR LOC	ATION					1	Od. INSIDE	CITY
	Maryland	Balt	imore					ons	vil.	le			YES	2 XNO
FUNERAL	1001 Sprin	ng Ga	te Road				01. ZIP COD	122	8			EN OF WHAT COUNTRY?		
E I	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED					IN? (Specify Ye o Rican, stc.)	s or No-	14. RACE -	- American	Indian,
ВУ	1 Never Married 2 X 3 Widowed 4 Divo	_	IF YES, GIVE Y	MAR OR DATES			S 2 XNO			o ritouri, orce,		Specify:		
ED	15. DEC	EDENT'S EDU	CATION	WW II	ECEDENT'S	USUAL OCCUPA	ION		16	Sb. KIND OF BU	ISINESS/INDI	_	Whit	e
E	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5		Give kind of le. Do NOT u	work done during i	nost of work	ing			0111239711120			
뒽	12	,			iver				_ 1	Medic	al Su	ipp1:	ies	
COMPLET	17. FATHER'S NAME (First, M.						18. MOT			, Middle, Maider				
BE	Oscar		ey							ia Fe				
5	194. INFORMANT'S NAME (7)					ADDRESS (Stree							1470	01000
	Myrtle E.		у			Sprin OF DISPOSITION		te	_		DSV11 DCATION — C			21228
	1 XBuriel 2 Crematio	n 3 🗆 Rem	oval from State	cemetery, c	rematory or o	other place)			1					- MD
	21. SIGNATURE OF FUNERAL		CENSEE	HCKell	uree	Cemet	AND ADDRE	ESS OF FA	ACILITY				usnı	p, MD
	> Huy	NY	111CK	mala	_	MacNa	bb F	une	ral	Home	, P.A	1.		
Н	Dawn F. 23. PART I. Enter the di		onald	it caused the c	leath Do	301 F	rede	ric	k R	d. Ba	ltimo	re,		21228
	shock, or hi	aart failure.	List Dnly Dna car	use on sach iir	16.	not enter the n	ioda oi dj	my, suc	CHI MM CM	rulac or resp	orratory arre	aut,	inter	oximata ral Between
	iMMEDIATE CAUSE (Findisease or condition reaulting in death)	→ hai	a. Af	RYTH OR AS A CONS	MIA	4							30	min
_		_		OCARD			SAPI	-100	71				5	1000
9	Sequentially list conditi if any, leading to immed			(OR AS A CONS			11100	/ // /					10	anys
8	cause. Enter UNDERLYi CAUSE (Disease or inju	NG .	С.											
E	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONS	EOUENCE O	F):							1	
CERTIFICATION			d		-								-	
ادا	PART II. Other aignifica	nt condition	ne contributing to	death but not	resulting	in the underly	ng causa	given in	Part i.	24a. WAS AP	NAUTOPSY			SY FINDINGS
EDICA										1 TYES		C	MAILABLE F COMPLETION OF DEATH?	OF CAUSE
ME													YES :	2 NO
	DID TOBACC		CONTRIBUT	E TO CA	USE O	F DEATH	YES [JN	0 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			26. OTHER:	PLACE OF I	DEATH (C)	heck only o	one)				
14S	1 YES 2 NO		1 Vinpetient 2		3 DOA	4 Nursing He		lealdence			musika oo	1000		
	1 Natural 5	Pending	(Month, L	Day, Year)	ZOO. TIN		JURY AT YORK?	□ NO	28d. DI	ESCRIBE HOW	INJURY OCCL	URED		
BY	2 Suitside —	Investigation	28a. PLACE (OF INJURY — At I	nome, larm,				28f, LO	CATION (Street	and Number of	or Rumi Rou	ite Number	
TED		Could not be determined	building.	atc. (Specify)					Cit	y or Town, State)			
1 1	29a. CERTIFIER (Check only	IFYING PHYS	ICIAN: To the best of	f my knowledge, d	death occum	red at the time, do	ts and plac	a. end dus	s to the c	ause(s) and ma	inner se state	d		
COMPLET			R: On the basis of a										ind manne	r as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIE	R				29c. LIC	ENSE NU	MBER		29d. DATE	SIGNED (A	Aonth, Day,	Year)
) BE	Rland	e 1	M.D.				RI	ESID	ENT	-	D 1	7.1	7.0	4
5	30. NAME AND ADDRESS OF	PAND		SE OF DEATH (IT				91	00/	ATTIAL	AVE	·BA	LTIN	PORE
	31. DATE FILED (Month, Day,	Yhari		AR'S SIGNATURE	14116	11051	11/16	. [M D	4144	- 7			
	JUL 1 9 199	4 9	Elle Ti											

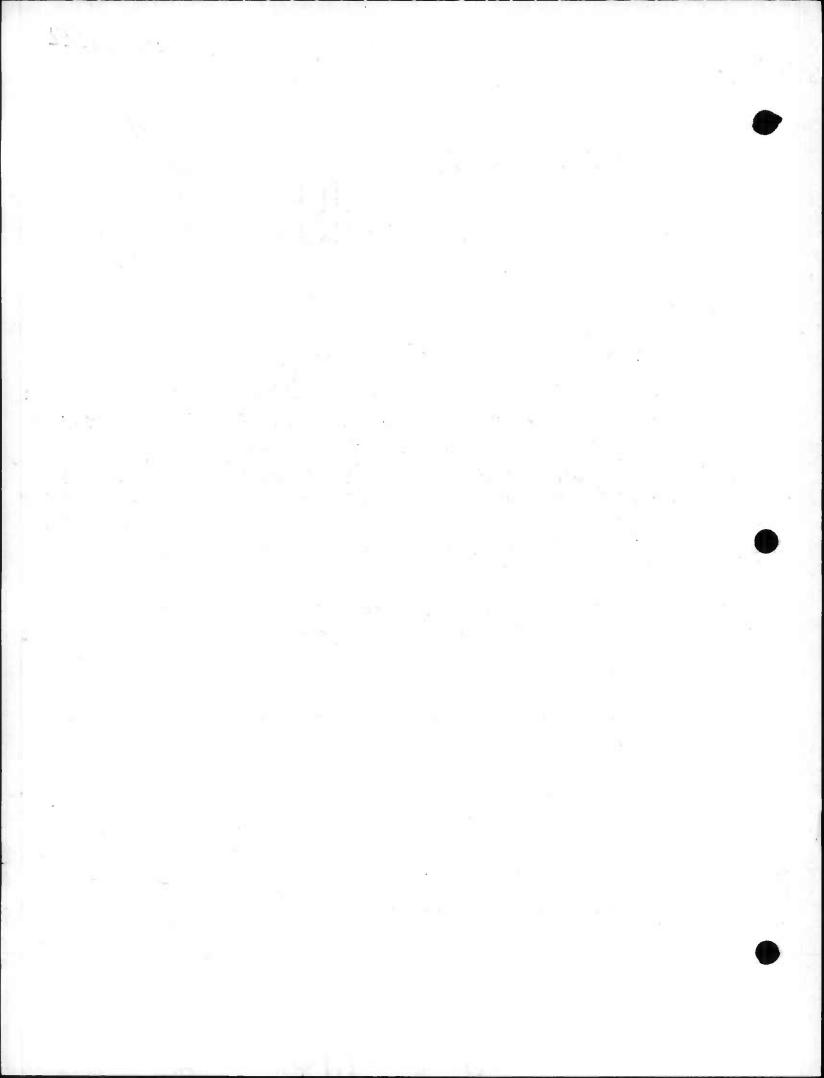




_	
MARYL	
-	
4	
⋖	
-	
ш	
0	
-	
0	
900	
-	
BALTIMORE	
_	
4	
00	
	ì
Ç	
0,	
60,	
,092	
3760,	
38760,	
68760,	
x 68760,	
X 68760,	
OX 68760,	
BOX 68760,	
BOX 68760,	
BOX	
BOX	
BOX	
P.O. BOX	
P.O. BOX	
P.O. BOX	
P.O. BOX	
P.O. BOX	
P.O. BOX	
P.O. BOX	
BOX	

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFIC	CATE OF	DEATH	REG	NO.					
		1. DECEDENT'S NAME (First, Middle, Last) CATHERINE C	CHANDLE	ER			2. DATE OF DEAT	12 94	3. TIME OF DEATH 21:30 PM				
Ð		4. SOCIAL SECURITY NUMBER 216-36-36-56	1 🗆 M 2 💢 F		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Months Day, Ye		BIRTHPLACE (State or Foreign Country)				
, 2, 3 should	CTOR	90. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TOWN OF	LIMO!	RE_	9c. COUNTY	OF DEATH				
t. Pages 1,	DIREC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATI	ON ON F		.73	10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
n. ansit permit.	FUNERAL	100 STREET AND NUMBER	Nolly 97	-	101.	ZIP CODE 2/22	9	10g. CITIZEN	OF MHAT COUNTRY?				
5-0020 nding physician. as the burlaf-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECE It yes, spe 1 YES	offy Cuben, Mexica	NIC ORIGIN? (Speci in, Puerto Rican, et y	fy Yes or No.— 14.	RACE — American Indian, Black, White, etc.				
2121 al or atte	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (9-12)	CATION completed) College (1-4 or 5+)	18e. DECEOENT'S U (Give kind of wo life. Do NOT use	ork done during mos	of working	16b. KIND O	F BUSINESS/INDUS	RY .				
YLA by the be det	BE COMPL	17. SATHER'S NAME (First, Migdle, Last)	ESN/E	/ 101-3/	PWII	18. MOZHER'S NA	ME (First, Middle M	alden Surneme)					
E, MAR y be retained sage 5 should	٩	WARY CHAN	DLER	19b. MAILING A	AODRESS (Street on	40/N	97, BA	Timere /	mp, 21229				
FORE of may rector, pa		20s METHOD OF DISPOSITION 1 Sturies 2/ Creptifion 3 Remi 4 Donation 5 Pitter (Specify)	wel from State can	PLACE AND DATE OF	OISPON DON THAT	ww / 7	-22-42 20	ELOCATION - City	or Town, State				
ALT death. funera	278	21. SIGNATURE OF THERAL SERVICE LIC	ENSEE	_	GARY	TIMA	WCA FO	115P4/1	CONSTA,				
d with cours after completely filled in by the completely filled in common common to the common that common the common th		23. PART I. Egier the diseases, or canonic phoofs, or heart failure. IMMEDIATE GUISE (Final disease or condition resulting in death)	disease or condition a. House Cliebrovacules a coident out to (or as a conscouence of):										
CO. BOX 68 certificate be execute ling physician and congress prior to buria	TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Hyplotenying DUE to (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): Compare the first of the conditions of th											
the death of the attended Mental Hi		PART II. Other significant condition			· (/	course given in	Bart i na un	O AN AUTOGOV					
signed by Health ar							PE	AS AN AUTOPSY REFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
has b	AN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF		ES NO							
- F 2 2 3		EXAMINER?	HOSPITAL:		OTHER:		8 Other (Specify)					
G PHY:	ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WOR		28d. DESCRIBE H	IOW INJURY OCCUR	ED				
OR ATTENDIN DIRECTOR: Aft hours after des	TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	' — At home, farm, str	reet, factory, offica		281. LOCATION (S City or Town,	itreet end Number or F State)	lural Route Number,				
	릴립	200)	CIAN: To the best of my know R: On the basis of axamination						ruse(s) and manner as stated.				
TO THE HOSPITAL TO THE FUNERAL PROVIDER TO THE PUNERAL PROVIDER TO THE PUNERAL PROVIDER TO THE PUNER TO THE P	8	29b. SIGNATUJE AND THEE OF CERTIFIEF	oclee 1	MD		29c. LICENSE NUI	ABER	29d. DATE SI	GNED (Month, Day, Year)				
Ē	J	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type, P	22 g.				1				
		31. DATE FILEO (MONTH, DBy, Year) JUL 1 9 1994	32. REGISTRAR'S SIGN	ATURE									



3. TIME OF DEATH

2. DATE OF DEATH MONTH

DIVISION OF VITAL RECORDS,

FOR STATE REGISTRAR

JUL 1 9 1994

32. RESISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Middle, Last)

7 - 18 Miriam M. DeRussy -19948:30a 4. SOCIAL SECURITY NUMBER S SEY 6, AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 3-9-1910 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 F 213-38-7751 84 MISSOURT use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BLAKEHURST TOWSON BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE TOWSON 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 18a. CITIZEN OF WHAT COUNTRY? 1055 WEST JOPPA RD. 21204 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 HO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify:

Specify:

Specify: 1 Never Merried 2 Married BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ρğ Elementary/Secondary (0-12) College (1-4 or 5+) detached HOUSEWIFE HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) page 5 should be BIRD H. McGARVEY notified at MIRIAM E. ROSS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) EDWARD N. DERUSSEY 1055 WEST JOPPA RD. APT. 422 BALTO., MD. 9 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Re
4 Donation 5 Other (Specify) must 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata funeral director, NICHE CHUCH OF GOOD SHEP. TOWSON, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS CO. Mellan in by the fi 4905 YORK RD. BALTO., MD. 21212. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert failure. List only one cause on each line. 6 interval Batween in and completely filled to burial, cremation, or IMMEDIATE CAUSE (Finel Onset and Death the disease or condition MOCARDIAI SEVERAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) VP C traumatic CERTIFICATION Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician : Dept. of Health and Mental Hygiene prior to ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any PERFORMED? 1 YES 2 OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h with the State (HOSPITAL 1 YES 2 100 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 10 ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked. 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investiga BY After 1 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 28t, LOCATION (Street and Number or Rural Route Number, City or Yours, State) 60 COMPLETED 8 Could not be 208 ě 28 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, 29b. SIGNATURE AND TITLE/OF CERTIFIER BE 29c. LICENSE NUMBER (Month, Day, Year) 0670 8 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLE D CAUSE OF DEATH (ITEM 27) (Type, Print) DANIEL G. SAPIR M D. 9 EAST CHASE STREET BALTO., MD.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

OHMH-16 Rev t/89

er of a

\sim
(0
~
-
œ
4.00
Φ
-
\sim
\sim
-
III
0
\sim
0
ш.
05
10
S
-
-
000
1
_
$\mathbf{\mathcal{C}}$
0 %
-
Ш
000
Œ
_
-
<□
-
_
No.
>
-
4.4
ш
_
U
_
-
7
-
()
-
$\overline{}$
10
W
-
5
-

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. — hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	Bengled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	AMPRIANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	--	---	---

											9	4	2092	4
	1 - FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF					MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	1 0							2. DAT	E OF DEATN			3. TIME OF DEA	\TH
	Frank H. Do	rsch, S	r,						MON	7 /6	AY	YEAR	1:40	PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH		a. BIRTI	HPLACE (State or F	Foreign
	215-12-3627	1 X M 2 - F	71	YRS.	MONTHS	DAYS	HOURE	MIN.		. 19.	1923	Count	myland	
	9a. FACILITY NAME (If not institution, give :	treet and number)			9b, CITY	r, TOWN C	R LOCATI	ON OF DE		. 10,		INTY OF C		
DIRECTOR	Howard County Go	eneral Ho	spital		Col	Lumbi	a				Ho	oward	d Co.	
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			Inc. CIT	Y TOWN	OR LOCAT	ION						10d. INSIDE CIT	~
E E	Md. Howa					ct Ci							LIMITS?	
	10e. STREET AND NUMBER	<u>. u</u>		L1.	LICUI		ZIP COD	F		-	100 CIT	IZEN OF	1 TYES 2 WHAT COUNTRY?	NO
FUNERAL	7794 Mayfair C	ircle					.043-		=		log. Or			
E	11. MARITAL STATUS		IT EVER IN U.S. AF	MED	112	_				IN? (Specify Ye	a No		JSA E American Ind	lla a
	1 Never Married 2 X Married	FORCES? 1	YES 2 1	NO		If yes, spe	elfy Cube	n, Maxica	n, Puerto	Rican, etc.)	# OF 140—	Blac	k, White, etc.	Hert,
B	3 Widowed 4 Divorced	IF YES, GIVE Y	WWII			1 TYES	2 X NO	Specify	у.			Spec	whit	e
	15. DECEDENT'S EDU (Specify only highest grade		18a, DE	ECEDENT'S	USUAL O	CCUPATIO	N st of working	w	16	b. KIND OF BU	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe	. Do NOT u	se retired.)		at or worth	.8						
₹ E	10			Super	rvisc	r			_	ATA		_		
	17. FATHER'S NAME (First, Middle, Last)	2-					12734			Middle, Malden				
BE	Frank Dorsch, S	or.	1			D (0)				Witman				
2	Agnes V. Dorsch		19							nber, City or Tow			0404	0 000
			20b. PLACE					TCTE	, E.	TE 20c. LC	CATION	City on F	ld. 2104	3-696
	20s. METHOD OF DISPOSITION 1 A Burlai 2 Cremation 3 Rec 4 Denation 5 Offer (Specify)	oval from State	cemetary, cre	matory or o	ther place)	_ la	leter	100					ryland	
5	21. SIGNATURE OF ONERAL SERVICE LA	ENGLE 1		301111		NAME AN			CILITY	20 Iwaci	SLIOU), Mc	тутапи	
	1 / / Our	I. Ka	ulme	27	Ga	ry L	. Ka	ufma	an Fi	uneral	Home	of	Elk., I	nc.
<u> </u>	DO DARY I COLOR IN A SECURITION	, , , , , , , , , , , , , , , , , , ,	D		-156	395 M	lain.	St.	E11	kridae	Md	21	227	
	23. PART I. Enter the diseases, or shock, or haert witure.	List Dniy Dna cau	ise on each line	atn. Do 1.	not enter	r the mo	da of dy	ing, suc	h as ce	rdiec or reep	iratory ar	reat,	Approxin	
	iMMEDIATE CAUSE (Final disease or condition	VI	Α.	1. 1. 1.	n .								Onset an	4
	resulting in death)	a. Ventri	cular	clori	1101	un							10	NIN
NO.	Sequentially list conditions,	DUE TO	estive he	OUENCE O	TILLU Fi:	une								
ΑŢ	if any, leading to immediate cause. Enter UNDERLYING												İ	
RTIFICATION	CAUSE (Disease or Injury that initiated events	OUE TO	OR AS A CONSE	OUENCE Q	5 :	4								
	resulting in death) LAST	a Valv	ular h	ears	dis	ease								
CE	PART ii. Other aignificant condition	a contributing to	deeth but not	reeuiting	in the u	nderlying	CBUSE	alven in	Part i	24a. WAS AN	ALITOPEV	241	b. WERE AUTOPSY	EINONGS
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Right wash lo	or callite	La Dog	1.00 5	nia.		, 00000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFO	RMED?	1 "	AVAILABLE PRIOR COMPLETION OF	סוד פ
MEDICAL	Chronic obstru	A+11/0 011	Imonar	<u>u</u>	1100					1 X YES	□ NO		OF DEATH?	
					Sen	2			_	l			1 TYES 27	NO
AN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	COMIKIBUTI	O CAU	SE OF	DEA		ACE OF D							
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 1	R □ DOA	OTHE	R:								
H	27. MANNER OF DEATH	28a. DATE OF		286. TIN		28c. INJ		BIGENCE		SCRIBE NOW	INJURY OC	CURED		
	1 Netural 5 Pending	(Month, E			JURY M	WO	RK?	NO						
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE C	F INJURY — At he	oma, ferm,	atreet, fec					CATION (Street		or Or Aural	Route Number,	
TED	4 Nomicide determined	building,	atc. (Specify)							y or Town, State				
MPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge de	eath occum	ed at the	time, data	and place	and due	to the c	sussis and me	nner ee et	hat		
M	(Check only one) 2 MEDICAL EXAMINI												s) end manner as	atated.

Mangaret R. Donohoe, MD 9501 Old Annapolis Rd Suite 200 Elicott Cty MD 21042

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

129c. LICENSE NUMBER
D43345

29d. DATE SIGNED (Month, Day, Year)
D43345

7/16/94

29d. DATE SIGNED (Month, Day, Year)
D43345

7/16/94

29d. DATE SIGNED (Month, Day, Year)
D43345

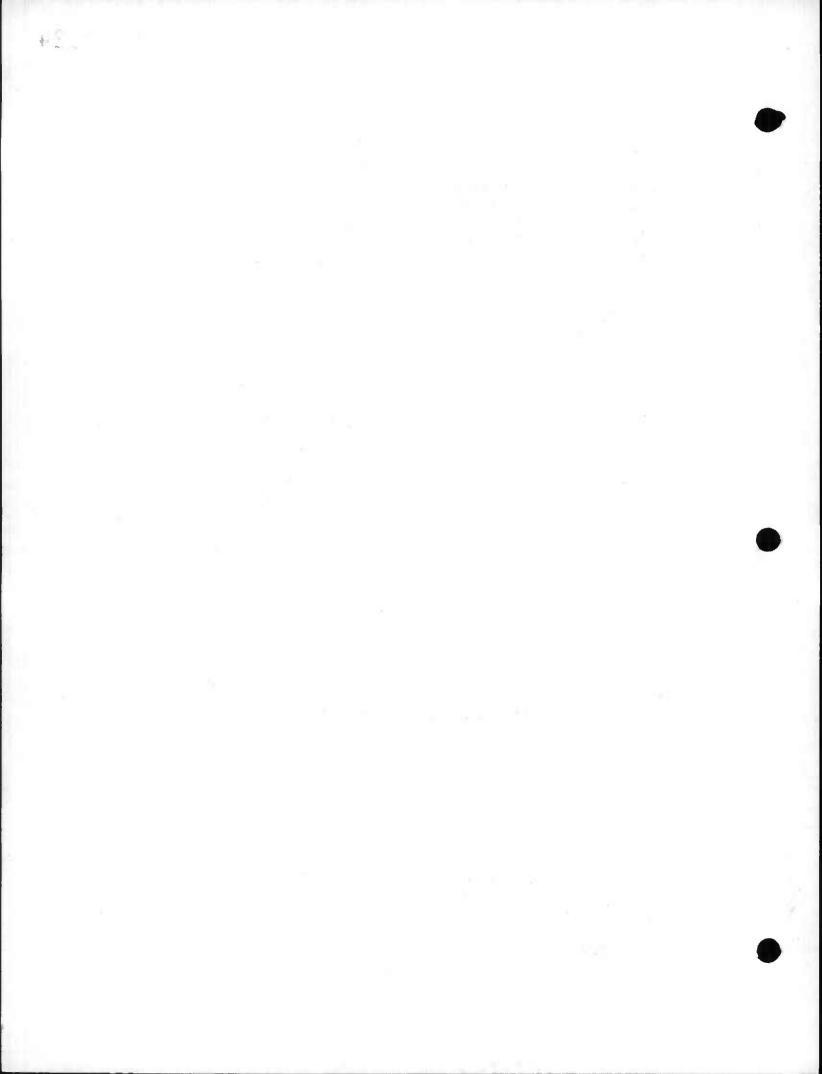
7/16/94

29d. DATE SIGNATURE
JUL 1 9 1994

20d. DATE SIGNATURE

his transfer Bridge

DHMH-18 Rev 1/89



		FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIE		
		1. DECEDENT'S NAME (First, Middle, Last) Hazel Mari	e Dorn				2. DATE OF DEATH JULY 16		3. TIME OF DEATH 4:15pm
P		4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Sept 21	8.1	BIRTHPLACE (State or Foreign Country) Maryland
2, 3 should	OR	90. FACILITY NAME (If not institution, give street 316 S. Woodward				SSEX	EATH	9c. COUNTY	
permit. Pages 1,	DIRECTOR	Md . Ba	ltimore	10c. CIT	TY, TOWN OR LOCAT	Essex	ý		10d. INSIDE CITY LIMITS? 1 YES 1 NO
. Ist	FUNERAL	100. STREET AND NUMBER 316 S. Woodwa			10	1. ZIP CODE	1221	10g. CITIZEN	OF WHAT COUNTRY? USA
-UCZU ling physician. the burial-transit	BY FUR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2- NO	If yes, sp	CENDENT OF HISPAI ecify Cuban, Mexico 2 NO Specifi	NIC ORIGIN? (Specify) on, Puerto Rican, etc.) y:	ee or No- 14.	RACE — American Indian, Black, Whita, etc. Specify: White
tal or attending	LETED	15. DECEDENT'S EDUCA' (Specify only highest grade co Elementery/Secondery (0-12)		8a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION work done during mose retired.)	ON ost of working	16b. KIND OF B	USINESS/INDUST	
YLAND 21 by the hospital or be detached for u at once.	E COMPL	12th 17. FATHER'S NAME (First, Middle, Last) George Druery	,	Но	memaker	18. MOTHER'S NA	ME (First, Middle, Maide rie Dru	en Surname)	
MAK retained to 5 should notified	TO BE	19e. INFORMANT'S NAME (Type/Print) Ann Meany		1		and Number or Rural	Route Number, City or To	own, State, Zip Coo	Md.21221
. Page 6 may be ral director, page		20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remove 4 Donetion S Other (Specify)	of from State cemete		OF DISPOSITION (Na	ame of		LOCATION — City	or Town, State
FAL death te fune al.		21. SIGNATURE OF FUNERAL SERVICE LICEN	Connel	lu	Conr	MAce A	uneral H	imore	Md. 21221
by filled in ration, or re		23. PART I. Entar tha diseases, or constance, or heart fallure. List IMMEDIATE CAUSE (Final disease or condition	it only ona causa on eac	lt Vina					Approximata Intarvsi Between Onset and Death
5 m of ed	NO	sequentially list conditions.	DUE TO (OR AS A C	ONSEQUENCE O	n: NARY	Hyp	EMBO ERTENS	con)	·
cate be physician te prior t	ERTIFICATIO	If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO		(
e death he atten Mental P	AL CER	PART II. Other aignificant conditions	contributing to death but	not resulting	In the undarlyin	g cause given in	Part I. 24a, WAS/	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
signed by Health and	MEDICA		COPD				PERF	2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
The tite h ate C	SICIAN:		IOSPITAL:			ES NC			
PHYSICIA this certif with the	РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	4 Nursing Hom IE OF 28c, INJ JURY WO		8 Other (Specify) 28d. DESCRIBE HOV	V INJURY OCCUR	ED
OR ATTENDING I DIRECTOR: After hours after death tem 28 is man	ЕТЕР ВУ	Accident investigation Suicide 8 Could not be Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm,	atreet, factory, offic	•	281. LOCATION (Stree City or Town, Sta	et end Number or F te)	tural Route Number,
14 22 == 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15	COMPLE		N: To the best of thy knowled On the beels of examination e						nuse(a) end menner ee stated.
TO THE HOSPI TO THE FUNE De filed within	TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	Ypuber			29c, LICENSE NUI	MBER 3326	29d. DATE SIG	GNED (Morfin, Day, Year) 7/18/94
		30. NAME AND ADDRESS DE PERSON WHO THE ATTENDANCE OF THE ATTENDED TO THE ATTE	STERN AUE REGISTRAR'S SIGNATURE	. B4	LTO M	b. 212	21		
		JUL 1 9 1994	Julie Danden	finde.					

0.20

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician
	THOURS
	9
0	THE N
9	, P
BOX 687	ate be executed
). BOX 687	tificate be executed
O. BOX 687	certificate be executed
, P.O. BOX 687	leath certificate be executed
DS, P.O. BOX 687	the death certificate be executed
)RDS, P.O. BOX 687	hat the death certificate be executed
RECORDS, P.O. BOX 687	requires that the death certificate be executed
L RECORDS, P.O. BOX 687	law requires that the death certificate be executed
FAL RECORDS, P.O. BOX 687	The law requires that the death certificate be executed
VITAL RECORDS, P.O. BOX 687	AN: The law requires that the death certificate be executed
F VITAL RECORDS, P.O. BOX 687	SICIAN: The law requires that the death certificate be executed
OF VITAL RECORDS, P.O. BOX 687	PHYSICIAN: The law requires that the death certificate be executed
N OF VITAL RECORDS, P.O. BOX 687	IG PHYSICIAN: The law requires that the death certificate be executed
ION OF VITAL RECORDS, P.O. BOX 687	JOING PHYSICIAN: The law requires that the death certificate be executed
ISION OF VITAL RECORDS, P.O. BOX 687	TENDING PHYSICIAN: The law requires that the death certificate be executed
DIVISION OF VITAL RECORDS, P.O. BOX 68760	3 ATTENDING PHYSICIAN: The law requires that the death certificate be executed

use as the bunal-transit permit. Pages 1, 2, 3 should

Q

detached

page 5 should be

director,

50

cremation,

burial,

Hygiene prior to

Mental

Health

ō

Henri T. Voorstad M.D.

MIII 1 9 1994

31. DATE, FILED (Month, Day, Year)

completely

death. Page 6 may funeral filled in by the and physician attending signed by t requires 1 certificate has been NL OR ATTENDING PHYSICIAN: The law red NL ORECTOR: After this certificate has been 12 hours after death with the State Dept. of II Item 28 is marked, or Item 23 shu

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG NO 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR M 9.00 KING DRINKWATER July 17 1994 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SFX IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPEACE (State or Foreign 215-03-8103 DAYS 1 🛛 M 2 🗌 F Oct. 8, 1911 Maryland Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 230 Gateswood Road Timonium Baltimore RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Maryland Baltimore Timonium t YES ZX NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 230 Gateswood Road 21093 U.S.A. 11 MARITAL STATUS 13, WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicon, Puerto Rican, etc.)

1 YES 2X NO Specify: 1 Never Merried 2 Merried Specify: ВҰ 3 Widowed 4 Divorced WW II White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Sales Manager C.R. Daniels Company 2 yrs. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Archibald Drinkwater F Anna King BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elizabeth G. Drinkwater Same as #10 pe 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Burlel 2 Cremetion 3 Removal from State Dulaney Valley Mem. Gardens7/21/94 Timonium, Maryland 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home Inc. a 1050 York Rd. Towson, Md. 21204 medical 23. PART I. Enter the diseases, or complications that exceed the death. Do not enter the mode of dying, auch ea cerdiac or reapiratory arrest, ahock, or heart feliure. List only one phase on each line. Approximete Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death the disease or condition buraton arrest resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): netast traumatic CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese Dr injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 TYES 2 NO OF DEATH? Shows 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\sqrt{Y}\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 表に= 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day Year) Heuri Thorntag M.D D1106c -18-9

7600 Osler Dr. Towson, Md. 21204



. - . 25

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

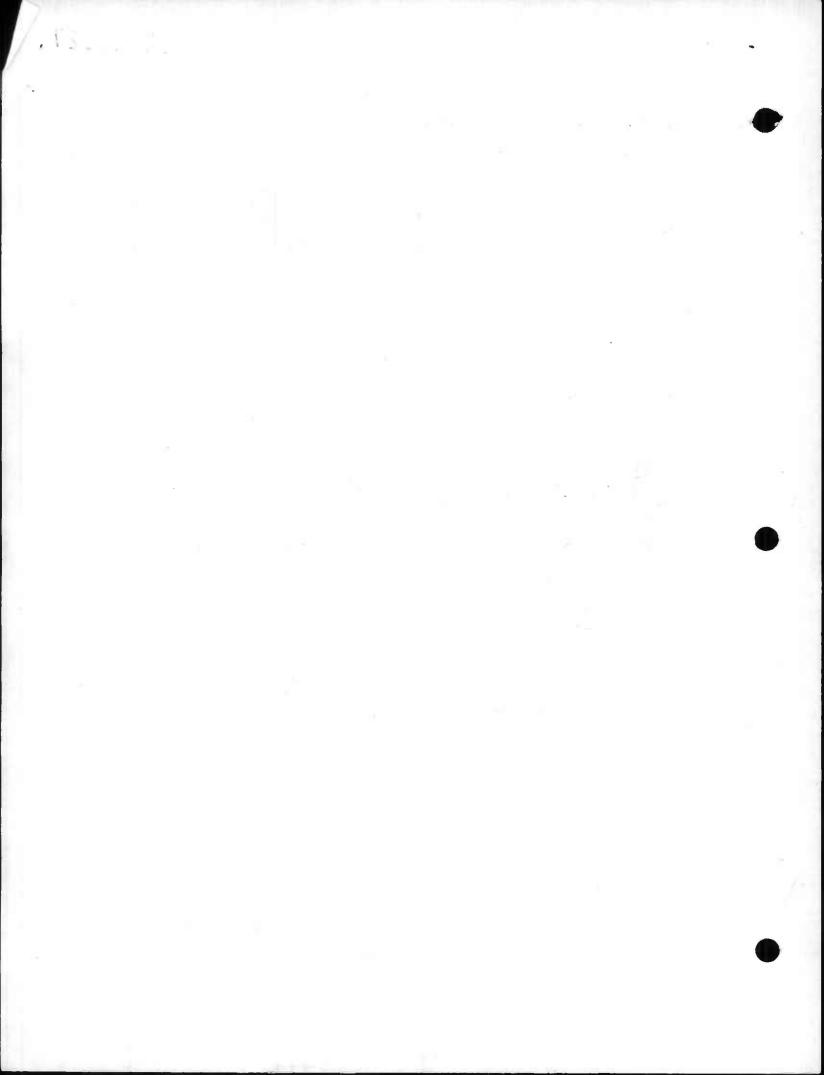
TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		FOR
1	_	STATE
		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CHILL	CATE	JF DEF	пп	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle Eleanor Ma		rkiewic	Z				2. DATE OF C	DA		YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. in	nst birthday)	IF UNDER 1 YE	AR IF UND	ER 24 HRS.	July 7. DATE OF B		994	6. BtRTI	8:30 P M
	218-12-6992 1 M 2XXF 70 YRS.					YS HOURS	MIN.	Jan 1		924	Count	aryland
	90. FACILITY NAME (If not institution	n, give street and number)	-			WN OR LOCA			, -		NTY OF C	-
DIRECTOR	Franklin Sq	uare Hospita	1		Ва	ltimo:	re			Ва	1tim	ore
Ω U		COUNTY		10c. CITY	, TOWN OR L	OCATION					-	10d. INSIDE CITY
6	Maryland	Baltimore		Pe	erry H	a11						LIMITS?
FUNERAL	toe. STREET AND NUMBER					10f. ZIP CO		26		10g. CIT	IZEN OF V	WHAT COUNTRY?
N N	4217 Chapel R						212				ited	States
	11. MARITAL STATUS 1 Never Merried 2 Marrie	12. WAS DECEDENT FORCES? 1	YES 2X		If ye	s, specify Cul	ban, Mexica	IIC ORIGIN? (Si n, Puarto Ricar	pecify Yea n, etc.)	or No-	Blac	E — American Indien, k, Whita, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AH OH OATES		10	YES 2 XX	O Specify	y:			Spec	White
		r'S EDUCATION st grade completed)	(Give kind of w	USUAL OCCU	PATION g most of wor	king	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+) "	he. Do NOT us Housey	e retired.)							
COMPLETED BY	17. FATHER'S NAME (First, Middle, L	est)		nouse	****	10.00	THED'S MA	ME (First, Middle	a Admirian i	Company		
	John F. Eyrin	200				10.110	Mary	Lee Ba	ker	Surrenney		
386	19a. INFORMANT'S NAME (Type/Pris	nt)	1					Route Number, C				_
임	Mrs. Joyce Du	Vall		2117	Hampt	on Co	urt	Fallst	on,	MD	2104	/
	20s. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 (4 Donation 5 Dother (Specif		cematery, c	ramatory or ot	rk Cem	N(Name of etery		7/18		ation —		
ĺ	21. SIGNATURE OF FUNERAL SERV	VICE LICENSEE			22. NAM	E AND ADDE	RESS OF FA	uneral	Dir	ecto	re	Inc
	Janos	B (00	end									MD 21133
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (almic EQUENCE OF):	rovas	cular	accid	ent			Interval Between Onset and Death
SER		d	-1-1-1-									
	PART ii. Other significant con	nditiona contributing to	daath but not	resulting i	n tha under	lying cause	given in	Part i. 24a	WAS AN		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL								10	YES 2	№ NO		COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO U	ISE CONTRIBUTE	TO CAL	ISE OF	DEATH	VES F	7 NO) [1 TYES 2 🙀 NO
AZ	25. WAS CASE REFERRED TO MED		10 0/10	701 01		8. PLACE OF		Λ-				
2	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:			8 Other (Sp	ecify)			
r PHYSICIAN: M	27. MANNER OF DEATH 1 Natural 5 Pendir			28b. TIMI	URY	: INJURY AT WORK?	□NO	28d. DESCRI	BE HOW IN	JURY OC	CURED	
ED BY	2 Accident trivestic 3 Suicide 8 Could 4 Homicide determ	not be 28e. PLACE Of building.	F INJURY — At I	nome, ferm, s	treet, factory,	offica		281. LOCATIO City or To	N (Street a	nd Number	r or Rural I	Route Number,
<u> </u>	29a. CERTIFIER	S BUNDONAN TO IN A A A		163 5776	no se turos		-2.54			- VI	10	
COMPLET		AMINER: On the basis of an										a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CE	ERTIFIER	MS)			CENSE NUM	WBER				(Month, Day, Year) 14,1994
2	30. NAME AND ADDRESS OF PERS										чту	17,1774
	Dr. Liji Mathe	w 9000 Frank	lin Sq	uare l	Or. Ba	1timo:	re, M	arylan	d 21	237		
	31. DAY FILED (Month, Day, Year) 9 1994	32. REGISTRA	R'S SIGNATURE									



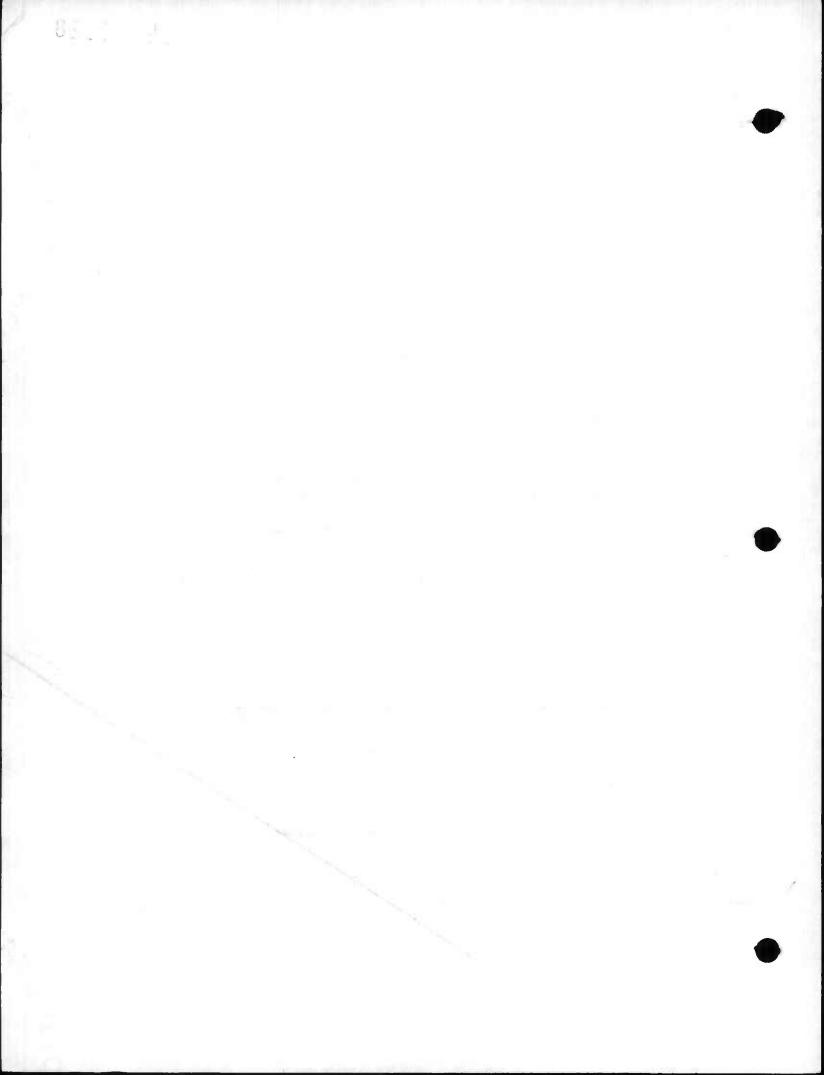
\sim	
6.4	
0	
0	
T	
LO	
=	
× .	
CA	
-	
S	
=	
Z	
d	
-	
_	
~	
-	
Œ	
es	
-	
5	
-	
ш	
~	
-	
0	
\simeq	
>	
=	
_	
_	
_	
es.	
-	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ter death, rage o may be retained by the hospital or attending physician.	ERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
PITAL ON ATTENDING PRINCHANT THE TAW TEQUINES THAT THE DEATH CETHICATE DE EXECUTED WITH THE DEATH OF ATTENDING PRINCHAIN OF THE HOSPITAL OF ATTENDING PRINCHAIN.	ERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi In 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral,	T. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REC	a. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE			3. TIME OF DEATH
		Di				MONTH	DAY	YEAR	
	A I MA 4. SOCIAL SECURITY NUMBER		eroa	1977		7	16	94	М
			In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,	TH ther)	8. BIRTI Count	HPLACE (State or Foreign
	219-12-6796	1 🗌 M 2 💢 F	76 YRS.	MONTHS DAYS	HOURS MIN.				ARYLAND
	9a. FACILITY NAME (If not institution, give street	et and number)		OF CITY TOWAL	OR LOCATION OF DE	LMAR 6		UNTY OF E	
~		·				EAIH			DEATH
DIRECTOR	HARFORD GARDEN NUF	RSING HOME		BALTI	MORE .		1 1	A\N	
5	RESIDENCE OF DECEDENT								
W	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
5	MD	- /-	-	AT MITHOD	_				LIMITS?
	10e. STREET AND NUMBER	I/A		BALTIMOR		_			
≾	IN. STREET AND NUMBER			10	. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
FUNERAL	4700 HARFORD ROAD				21214			U.S.	7\
=	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	HIC OBIGIN2 (Spec	offy Vee or No		E — American Indian,
	1 Never Married 2 Married	FORCES? 1 TYES	2 VNO	If yes, sp	ecify Cuban, Mexice	m, Puerto Ricen, e	rtc.)	Blac	k, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES **	1 🗆 YES	2 NO Specif	y:		Spec	
								<u> </u>	Black
8	15. DECEDENT'S EOUCA' (Specify only highest grade co	TION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b, KIND	OF BUSINESS/IN	OUSTRY	
		College (1-4 or 5+)	life. Do NOT us	work done during mo se retired.)	ist or wonung	ŀ			
7		College (1-4 of 5+)	TT	la ese					
Σ	12th		Homema	iker					
COMPLET	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle,			
	Unknown				Margare	et Figue	eroa		
B	19a. INFORMANT'S NAME (Type/Print)		10h MAII INC	ADORESS /Street	and Number or Rural			No Control	
일									
	Warren Finch		3/0/ 1	Bowers A	venue i	Balto.,	MO ZIZ	37	
	20a. METHOD OF DISPOSITION	20b.	PLACE AND DATE	OF OISPOSITION (N	ame of	OATE 2	Oc. LOCATION -	- City or T	own, Stata
	1X.\\Burial 2 □ Cremation 3 □ Ramov: 4 □ Donation 5 □ Other (Specify)		etery, cremetory or o			77.004	T		Ma
	21. SIGNATURE OF FUNERAL SERVICE LICEN		Zion Ce			71894	Lansdo	wne,	Ma
	21. SIGNATURE OF FUNEHAL SERVICE LICER	YSEE			ND ADDRESS OF FA				
	Male	M " /		March	F/H Wes	C	14- M	2 211	215
	Jaca	1 anch	_		Wabash A				215
	23. PART I. Enter the diseases, or col	mplications that caused	the death. Do i	not enter the mo	de of dying, suc	h as cardiac or	respiretory a	rreat,	Approximata
	shock, or heart fallure. Lis	st only one cause on a	ach line.						Interval Batween
	IMMEDIATE CAUSE (Final	Alice	- 115 () -		t				Onset and Death
	disease or condition resulting in death)	14900	marial	toplanc	listase				DAY
		DUE TO (OR AS A	CONSEQUENCE O	h: \	/	7)			1 1 1
l _ l	_	Athors	CONSEQUENCE O	- Your	Sala sa	San	1) 200	110	i / I
၂ ရ	Sequentially list conditions, b.		CONSEQUENCE O	15 (000	10 1000	,	1000	2100	
딜	If any, leading to immediate	DOE TO (OR AS A	CONSEQUENCE O	r):					
5	CAUSE (Disease or Injury								
드	that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):					
ᇤ	resulting in death) LAST								
CERTIFICATION	d.								
	PART II. Other algorificant conditions	contributing to death b	ut not resulting	in the underlyin	a cause alven in	Part I 24a V	WAS AN AUTOPSY	241	b. WERE AUTOPSY FINDINGS
EDICAL				the ondonym	g cause given in	P	ERFORMEO?	270	AVAILABLE PRIOR TO
8						1 🗆	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE CO	ONTDIBLITE TO	CALISE OF	DEATH V	ES NO				1 YES 2 NO
SICIAN:		CITIMIDOTE TO	CAUSE OF	DEATH 1	ES NC	<u> </u>			
<u> </u>	25. WAS CASE REFERENCE TO MEDICAL EXAMINER?			28. PI	ACE OF OEATH (Ch	eck only one)			
1 2		HOSPITAL:	etions 3 🗆 DOS	OTHER:		. C .			
Σľ					e 5 🗆 Residence				
РНҮ	27. MANNER OF GEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM		URY AT	28d. OESCRIBE	HOW INJURY OF	CUREO	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
	2 Culate	28e. PLACE OF INJURY	- At home, farm,	street, fectory, offic	•	281 LOCATION	Street and Number	or or Burni	Boute Number
8	4 Homicide determined	building, etc. (Spec	elfy)	, , , , , , , , , , , , , , , , , , , ,		City or Town	, State)	n or right	TOURS TRUITIONS,
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowl	edge, death occurr	ed at the time, date	and place, and due	to the course(s) o	nd manner as at	eted	
ž									activistic and the second
9	The state of the s	On the beals of examination	* and/or investigation	m, in my opinion, o	eath occured at the	time, date and pi	eca, end dua to	the cause(a) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1-10-	- 11/	1	29c. LICENSE NUI	MBER (29d. OA	TE SIGNÉI	D (Morfith, Day, Year)
0	Lodi- 1	ANUCL	- 1VI	1 ()	1 3	764		-1/	8/98/
임	1 4 10		WALL WAY		1) 2	(7	// (0/17
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	Phint)		A .			
7	TREDRIC S. DIK	acis MiD.	11514	FOLAMIR	DAVE	JAC7	0. MI	2/ 2	21277
	31. DATE FILED (Month Day Your)	32. REGISTRAR'S SIGN	ATURE	1.7.70	- 11	17.1.		11 6	-1
	למל מידיווו	Achie Davidson D							
1									



1 - FOR STATE REGISTRAR

	hin
ò	W
4	uted
Y	ende
×	8
9	icate
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TML OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
0.	eath
Ś	be d
Ö	te
Ö	Sth
Ö	nine.
2	ě
	Wel
⋖	F
5	AN:
4	SEC
0	F
Z	ING
9	SB
5)	E
	10
	昌

	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH 3. TIME OF DEATH								
1	2 ROSAIVN LOUISE GAW	thorp MONTH DAY GAR 3 30								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. fasi birthday) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7. DATE OF BIRTH HOURS MIN. (Mg/th, Dey, Year) 6. BIRTHPLACE (State or Fore								
	017-20-1123 10 M2 W 86 YRS	- 7-7-1901 JAHUIR								
œ	9a. EACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OF	LOCATION OF DEATH 9c. COUNTY OF DEATH								
20	RESIDENCE OF DECEDENT	CICE, MID FRACE GROW								
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	LIMITS?								
- 1	10e. STREET AND NUMBER , 10f.	1 ☐ YES 2 ☐ 10g. CITIZEN OF WHAT COUNTRY?								
FUNERAL	321 UNIVERSTY BLUD WEST	20901 US								
F	1 Never Manded 2 Married FORCES? 1 YES 2 NO If yes, spec	NDENT OF HISPANIC ORIGIN? (Specify Yas or No— 14. RACE — American Indiar lify Cuban, Maxican, Puarto Rican, etc.)								
84	3 Wisdwed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2	Specify: Specify:								
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most									
PLET	Elementary/Secondary (0-12) College (1-4 or 5+) Ille. Do NOT use retired.)	/								
COMF	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Melden Surname)								
BE C	JAMES COLLINS	MARY Alice MCHENI								
0 8	Ada a Carta in Callin as	Number or Rural Rgule Number, City or Town, State, Zip Code)								
	26a. METHOD OF DISPOSITION 200 PLACE OF DISPOSITION WARRANT COMMITTEE OF DISPOSITION COMMITTEE OF	COTT -HNC HOT 206 A								
	20b. PLACE of DISPOSITION (Name of cometery, crematory or 1 & Burla! 2 Cremation 3 Removal from State 2 Cockeysville, MD									
	21. SIGNATURE O FUNERAL SERVICE LICENSEE 22. NAME AND	ADDRESS OF FACILITY Byers Funeral Directors, Inc.								
3		iberty Road Randallstown, MD 211								
	23. PARTI. Unior the diseases, or complications that caused the leath. Do not anter the mod	e of dying, such as cardiac or respiratory arrest, Approximation interval Be								
	IMMEDIATE CAUSE (Final	Onset and								
	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF)	3 W								
Z	Severe Peripharal Vas	New Disease								
CATION	Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING									
	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
ERTIFI	resulting in death) LAST									
2	PART II. Other algnificant conditions contributing to death but not resulting in the underlying	COUSE GIVEN IN Part I. 24s. WAS AN AUTOPSY PARLABLE PRIOR T								
200	History of Careboviscolar President/Core	1 Yes 2 NO OF GEATH?								
M	1)1ses[g]	1 YES 2 N								
ICIAN:		CE OF DEATH (Check only one)								
(n)	EXAMINER? 1 YES 2 AIO	5 Residence 6 Other (Specify)								
PHY	27. MANNER OF DÉATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY (Month, Day, Year)	K?								
BY	2 Accident Investigation 28e PLACE OF INJURY — At home farm street factory office	281, LOCATION (Street and Number or Rural Route Number,								
TED	Suicide B Could not be determined Momicide Could not be determined Could not be building, etc. (Specify)	City or Town, State)								
PLE	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data of	and place, and due to the cause(s) and menner as stated.								
COMPL	one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, de									
1	256. SIGNATURE AND TITLE OBJECTIFIERS	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								
3	BO. NAME AND ADDRESS OF PERSON WHO COMPLETED DATES OF DEATH (ITEM 27) (Type, Print)	035430 7/16/94								
	John MARGOLLE MO 14333 Lavel-Bu	Ne Pel #307 Laurel, MD 20708								
/										
1	31. DATE FILED (Maring Pay QQ)									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21215-0020

3

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT O	F HEALTH AND	MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH					
	TERENCE	AMBROS	S E	GALI	AGHER	7-12-9		5:15P M			
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH	a. Bi	RTHPLACE (State or Foreign			
	218 01 0780	1 K M 2 F 73 YRS. MONTHS DAYS HOURS MIN. (Month, Day, 1						Country) Maryland			
N.	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TO	WN OR LOCATION OF D	1-22-192 EATH	9c. COUNTY O				
	Manor Care Nu	rsing Home		La	rgo		Princ	e George Co			
DIRECTOR	RESIDENCE OF DECEDENT			L							
	Maryland Prin	r ice George (1	Y, TOWN OR L		d a h + a		10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	te George		DIS	trict He	Ignes		1 TYES 2 NO			
A I		Heights Pa	* le 11 0 11		10f. ZIP CODE 20747		USA	OF WHAT COUNTRY?			
FUNERAL											
리	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		DECENDENT OF HISPA , specify Cuban, Maxic	NIC ORIGIN? (Specify Yas an, Puarlo Rican, atc.)	or No- 14. R	ACE — American Indian, liack, White, atc.			
B	3 Widowed 4 Divorced	1 9 4 2 - 4 5	TES	1 🗆	YES 2 NO Speci	ffy:	s	pecMy: White			
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCU	PATION	16b, KIND OF BU	SINESS/INDUSTR	ν			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done durin	g most of working	100.10110	JIII 2007 III 2007 II	2			
립	12	Contage (1-4 of 5-4)	Sal.	esman							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Maiden	Surname)				
BEC	Cornelius	Joseph Gal:	lagher			Mary Fol	ev				
	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Str	eet and Number or Rural	Route Number, City or Tow	n, State, Zip Code	Largo, MD207			
임	Peggy Gallaghe	r						ctHeights,			
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Rem		PLACE AND DATE	OF DISPOSITIO			CATION — City o				
	4 Deposition 6 Dether (Specify)	7	elery, cramatory or c								
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Ronald W	lade, Di	r 22. NAM	E AND ADDRESS OF F	ACILITYState	Anatom	y Board			
- //	/ marcal 1	MARC		655	W.Balti	moreSt,Ba	lto,MI	21201			
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata										
	shock, Dr heart feilure. List Dnly Dne cause Dn each line.										
- 1	IMMEDIATE CAUSE (Fine) Conset and Death Conset and Death Conset and Death Conset and Death Conset and Death										
	resulting in death) a. TO S P TO (OR AS A CONSEQUENCE OF):										
z	END STAGE OROPHARYANGEALT										
읟	Sequentially list conditione, if any, leading to immediate DUE TO/IOR AS A CONSEQUENCE OF):										
2	CAUSE (Disease or injury	se, Enter UNDERLYING USE (Disease or injury									
Ë	that initiated events resulting in deeth) LAST										
CERTIFICATION		· Cume	ord								
AL (PART II. Other significent condition	e contributing to death bu	t not resulting	in the undar	iying ceuse given ir			24b. WERE AUTOPSY FINDINGS			
						PERFOR	\	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	ot. wa	3 - DNR	4				100	OF DEATH? 1 YES 2 NO			
-							1	NIA			
X	25. WAS CASE REFERRED TO MEDICAL										
Sign	EXAMINER? t										
PHYSICIAN: MEDIC	27. MANNER OF BEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, 755	19 0 28c	. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURE)			
BY	1 Natural 5 Pending Investigation				YES 2 NO						
٥	3 Suicide & Could not be	28a. PLACE OF INJURY - building, atc. (Speed	At home, farm,	etraet, factory,	offica	284: LOCATION (Street City or Town, State)	and Number or Ru	rel Route Number,			
COMPLETED	4 Homicide determined										
2	29a. CERTIFIER 1 DERTIFYING PHYSI	CIAN: To the best of my knowle	dga, death occurr	ed at the time,	data and place, and du	a to the cause(a) and mai	ner as stated.				
<u></u>	O(10) MEDICAL EXAMINE	R: On the besia of axamination	and/or investigation	on, in my opinio	on, death occured at the	time, data and place, ar	d due to the cau	se(a) and manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIFIEF	10/101	1200	7	29c. LICENSE NU	MBER	29d. DATE S/GI	NED (Mojith, Day, Year)			
BE	s Jama	Miller	Pau)	D-34	(25	▶ 7/	494.			
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Туре	, Print)							
		000 Mitche	11vil1	e Rd	#220, Bow	ie, MD 207	16				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE								
	JUL 1 8 1994 1	1 Manile P						- L			
			all					DHMH 16 Ba., 1990			

8

99	- 7
1314	avanda
×	2
P.O. BOX	ottonto
0	00
	doop
20	4
Ĕ	oh as
RECORDS	aTTTAINIA DANNICAMI. The last consises that the dooth coefficate he executed
	lone of
3	The same
OF VITAL	CIARL.
OFF	DAME
VISION	Olavor
1181	STATE
Sec.	

BALLIMORE, MARYLAND	hos	ach	Ce.
4	the	de	10
7	10	P	P S
H	ainec	hou	file
Ž	ret	S	not
	A pe	age	9
2	maj	0, 0	ust
0	de 6	inect	E
2	Page	न	nec
3	ath.	in a	E SE
A	er de	\$ 19.	l ex
_	aff	PA PA	lica
_	BUIS	F 75	med
	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, ears after death. Page 6 may be retained by the hos-	L. DIRECTOR: After this certificate has been signed by the attending physician and completely or in by the funeral director, page 5 should be detached now after death with the State Dept. of Health and Mental Hygiene prior to buries, cremation; or removal.	Ill item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
_	thic	ema	at,
9	₩ Þ	OHO S	2
5	cute	D 5	tic
	900	n an	E
Š	e pe	rior	trau
ň	ficat	phy of	Jer
o i	Certi	ling ygiei	to
J.	ath (al H	0
2	e de	Aent.	ED.
2	t the	Dy th	三
H	tha	th a	amy
3	aires	Sign	24
Ä	requ	De Jo	sho
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	WE!	Dept.	23
4	H	ate	Еш
5	IAN:	tife:	or It
	SICI	th th	d, c
0	F	this	rke
Z	ING	oath	E
5	END	R. A	65
2	ATT.	S aff	1 28
\leq	OR	DIPP	Tem
	pt.	300	=

1	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1	1. D	ECEDENT'S NAME (First, Middle, Last)	NE MHILL	2. DATE OF DEATH DAY

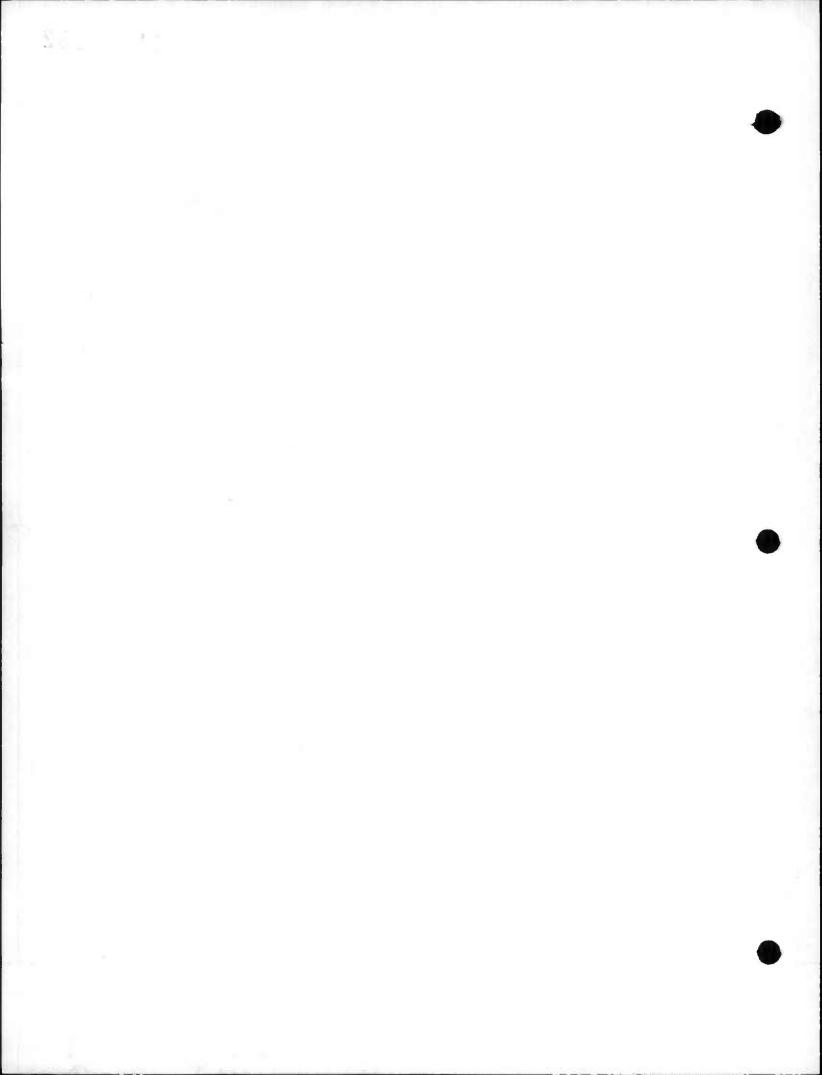
_											-G. 14O.	_		
)	ACCUPATION DAM MEAN										TIME OF DEATH			
,	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last												ACE (State or Foreign	
	213-05-7743		1 M 2 KF			MONTHS DAYS		HOURS	MIN.	(Month, Day,	, Year)	Country)		
	9a. FACILITY NAME (If not institution, give street and number)					Oh CITT	/ TOWAL	OR LOCATI	ON OF DE		31			ORIDA
œ						0.27	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						un.	
5	CHUCH HOME					BALTIMORE								
DIRECTOR	10s. STATE 10b. COUNTY					IOC. CITY, TOWN OR LOCATION						1	Od. INSIDE CITY LIMITS?	
5	MARYLAND				BA	BALTIMORE								YES 2 NO
A	10e. STREET AND NUMBER						10	f. ZIP COD	E			10g. CITI	ZEN OF WH	AT COUNTRY?
FUNERAL	101 NORT	гн вог	ND STRE	ET				2123	31			U.	S.A.	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 KNC													- American Indian,
BY F	1 Never Married 2 Married IF YES, GIVE WAR OR DATES					1 TES 2 NO Specify:					, att.,	- 1	Specify:	
														WHITE
COMPLETED	(Specify onl	EDENT'S EDUC y highest grade	completed)		Give kind of the Do NOT u	work done	during me	ON ost of worki	ng	18b. KIND	O OF BUS	INESS/IND	DUSTRY	
2	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	DUSEW					١,	HOMI	EMAK	ED	
ME	17. FATHER'S NAME (First, M	liddle I sett		III	JUSEN	TEE	_	10 1407	HED'S NA	ME (First, Middle		_	LR	
	THOMAS N		TRAF					-		M • G(
BE	19a. INFORMANT'S NAME (195 MAILING	ADDRES	S (Street			Route Number, Ci			Codel	
2	FREDERICK		ONTZ							ALTO.				
	20a. METHOO OF DISPOSIT	ION		20b. PLAC	E OF OISPO								City or Town	
	1 Burial 2 Crematic		oval from Stata	other	place)									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Milliam & Care III						HENRY W. JENKINS & SONS CO.							
-	4905 TORK RD. BALTO., MD. 21212.													
			List only one ce			not ente	r the me	ode Di dy	ing, auc	n ea cerdiec	or respii	ratory en	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fit disease or condition	TIV	15	HB	ART	- 1-	ALLU	RE			Onset and Death			
	resulting in death)	→		CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF):										
			CHI	C P	OBSTRUCTIVE PULMONARY DISEASE							EASE		
O	Sequentielly list condit	BEQUENCE C								1				
CERTIFICATION	if any, leading to imme cause. Enter UNDERLY	EQUENCE OF):					poxemia							
H	CAUSE (Disease or Injute that initiated events													
F	resulting in deeth) LAS	T .	d											
	PART II. Other algorities	t resulting	iulting in the underlying ceues given in					Part I. 24a, WAS AN AUTOPSY			VERE AUTOPSY FINDINGS			
MEDICAL	O Total	r resulting	III LITE G	nuerryn	ig cause	Aiseil III	PERFORMED?			1	MAILABLE PRIOR TO			
ă							1 TYES 2 NO				OF OEATH?			
Σ										- 1				YES 2 NO
AN	25. WAS CASE REFERRED 1	O MEDICAL					00.0	ACE OF I	DEATH #06					
PHYSICIAN	EXAMINER?	OWEDICAL	HOSPITAL:		• 🗆 • • • •	OTHE	R:			eck only one)				
4	27. MANNER OF DEATH		1 Inpatient 2		3 1 DOA	1	,	ne 5 ∐ R JURY AT	esidence	8 Other (Spe 28d, DESCRIE		MURY OC	CUBED	
		Pending		Day, Year)		JURY		ORK?	≥ NO	200. DEGONIE	JE 11011 11		OUNED	
ВУ	2 Accident	Investigation	28e. PLACE	OF INJURY — At	home, farm,	street, fac			2(28f. LOCATIO	N /Street a	ind Numbe	r or Runal Ro	ute Number
G	3 Suicide 8 Could not be 4 Homicide detarmined 28e. PLACE OF INJURY — At hom building, atc. (Specify)					,	,			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29a. CERTIFIER	TIEVINO DI IVO				314.53		69.5 M= 3	. Are the	Sant Head				
₹	onel		R: On the best of											and manner on stated
	2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
BE	290. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. OATE SIGNEO (Month, Day, Year) 1 1494										Month, Day, Year)			
٩	30. NAME AND ADDRESS O		. ,		TEM 270 /7-	a Drint1		L V	10 3				1/10	111
	A.C. CHO	UVAL	IT , M		101	O .	BO	ND	ST.		212	31		
	31. DATE FILEO (Month, Day,			AR'S SIGNATURE	E									
- 4	UL 1 9 1994	Frel	ia Tevidan	. of										

DIVISION OF VITAL RECORDS, P.O. BOX 68760

•	FOR STATE REGIST
•	1. DECEDENT
l	4. SOCIAL SE
ı	·
1	9a. FACILITY
1	52
İ	RESIDENC
l	10a. STATE
1	Mary1
	10e. STREET

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. FRAR

	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF GEATH												
ľ		[uggi:	ns			07				м.			
	4. SOCIAL SECURITY NUME	ER	5. SEX (t birthday)	IF UNDER				TE OF BIRTH 6. BIRTHI		IPLACE (State or Foreign		
			1 🔯 M 2 🗆 F	01		MONTHS	DAYS	HOURS MIN.		31/19	12	Maryland	
	9a. FACILITY NAME (If not in		9b. CITY, TOWN OR LOCATION OF DEATH 9c.					9c. COL	c. COUNTY OF DEATH				
<u>6</u>	5206 Disney Avenue					Baltimore Ann						ne Aı	cundel
EC	10a. STATE 10b. COUNTY					10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY	
DIRECTOR	Maryland	Ann	ne Arundel		R ₂	altim	ore						LIMITS?
	10e. STREET AND NUMBER	101. ZIP CODE				10g. CITIZEN OF							
ER	5206 Disn	21225					U.S.A			۷.			
FUNERAL	11. MARITAL STATUS	de la constante de la constant	12. WAS DECEDENT FORCES? 1 X	EVER IN U.S. AR					ANIC ORIGIN	C ORIGIN? (Specify Yea or No — 14. RACE —			— American Indian, c, White, etc.
ВУ	1 Never Married 2 3 Widowed 4 Divo	-0.70	IF YES, GIVE WAT	OR OATES				2 NO Spec		mouri, etc.)		Speci	fy:
	15. DEC	EDENT'S EDUC	World W		CEDENT'S	USUAL OC	CURATIO	NI:	165	KIND OF BU	ICINECC (IN	DUCTEN	White
E	(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5+)	(G	ive kind of a Do NOT us	work done di	uring mo	st of working	100.	KIND OF BU	SINESSAM	DUSTRI	
AP.	8th Grade		55/10ga (1-4 5/ 5 4)	Ti	ile S	Sette	r			Acme	Tile	Comp	any
COMPLETED	17. FATHER'S NAME (First, M							18. MOTHER'S N					
BE (enry Harr							Weber			
2	19a. INFORMANT'S NAME (7							nd Number or Run					
	William H							eet				ryland 21225	
	1 D Burlel 2 Crematic	n 3 Remo	oval from State	cemetery, cre	matory or o	ther niace)			DATE		OCATION -		
	4 Donation 5 Other (Specify) Glen Haven Memorial Park 7/18 Glen Burnie, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										e, Maryland		
	George J. Gonce Funeral Home P.A.										Α.		
-4	22 PARY I Friendles	1//	Sumer	oust	u_	40	01	Ritchie	Hwy.	Ba1t	imor	e, Mo	
	the second secon	eart failure.	East Dnly Dne cause	on each line	١.						eiratory sr	reat,	Approximete interval Between
	iMMEDIATE CAUSE (Findisease or condition	5	HEA	287	PAI	LUA	E			Onset and Death			
l	IMMEDIATE CAUSE (Finel disease or condition resulting in desth) CONGRSTIVE HEART PAILURE Due to (or as a consequence of):												
z	A.S.C.V.D												
F	Sequentisity list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury C.												
2													
Ë	Sequentially list conditions, if amy, isading to immediate cause. Enter UNDERIVING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
ij l													
	PART II. Other significe		s contributing to d	eath but not r	reaulting	in the unc	deriyin	g cause givan i	n Pert I.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
S										PERFORMED?			COMPLETION OF CAUSE OF DEATH?
MEDICAL	DETERMENT AND MARINETTITION									1 TES 2 NO			
	DID TOBACC	7	CONTRIBUTE	TO CAU	SE OI	F DEAT			10 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF DEATH (Check only on)			
14S	1 YES 2 NO		1 Inpatient 2 I E			4 🗆 Nursi	ing Hom	e 5 Residence					
	1 Naturel 5	Pending	28a. DATE OF IN (Month, Day,		28b. TIM	URY		VES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED				
BY	2 Suleide	Investigation	26e. PLACE OF	INJURY — At ho	me, farm, :	street, fecto			281, LOC/	LOCATION (Street and Number or Rural Route Number,			
		Could not be datermined	building, et	26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Run City or Town, State)						o norei	rone runner,		
٣	29e. CERTIFIER	IFYING PHYSIC	CtAN: To the best of m	v knowledne de	ath occum	ed at the tir	ne dete	and place, and di	ue to the cau	ee/e) and me		ted	
COMPLET	CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, end due to the cause(e) end manner as stated. O(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated.												
	29b. SIGNATURE AND TITLE OF CERTIFIER 1/ 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year)												
BE	29d. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Yoar)									5.50			
임	30. NAME AND ADDRESS OF			OF DEATH (ITE	M 27) (Type	Print)						, ,	7
	KISIDI	HAR M	ASENAID	W.W.	710	(Hu	RU	isf.	BA	101	MD	21:	777
	JUL 1 9 19	92	12. RECHSTHAN	S SIGNATURE									
N	OOL 4 0 10	0	7	malanter									



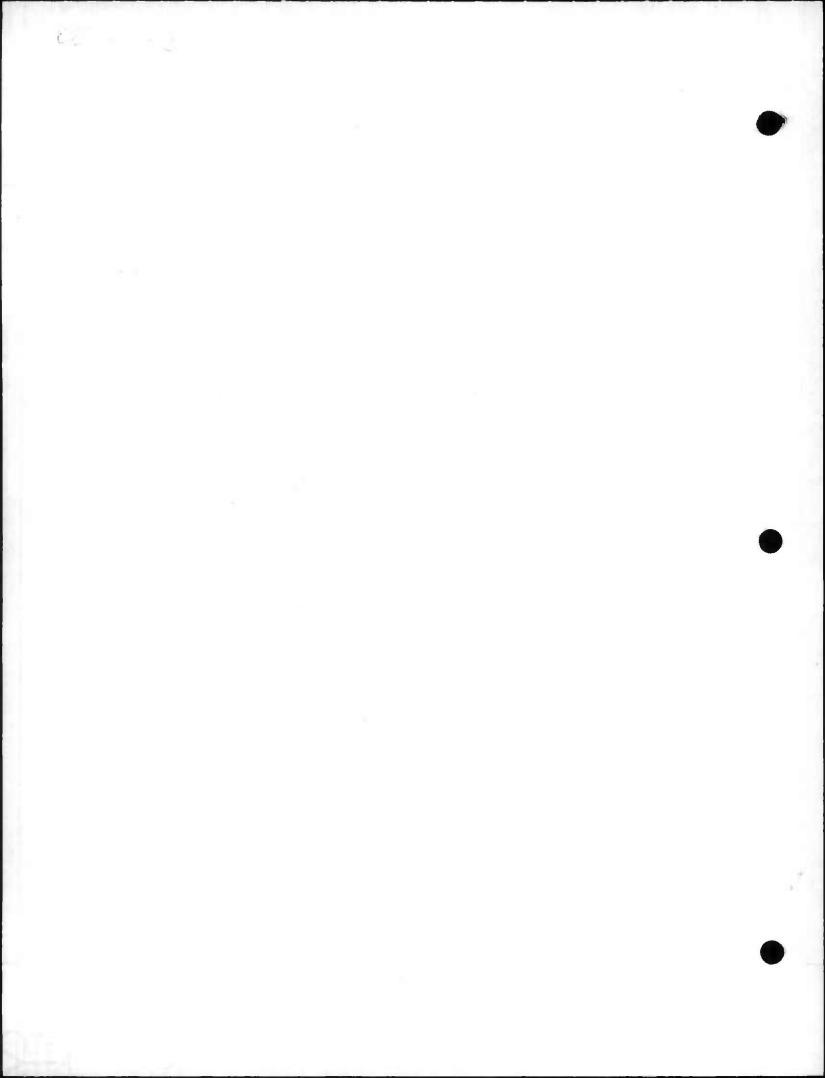
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

NEMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be attended for use as the bunal-transit permit. Pages 1, 2, 3 should be attended for use as the bunal-transit permit. Pages 1, 2, 3 should be attended for use as the bunal-transit permit. Pages 1, 2, 3 should be attended for use as the bunal-transit permit. Pages 1, 2, 3 should be attended for use as the bunal-transit permit. Pages 1, 2, 3 should be attended for use as the bunal-transit permit. Pages 1, 2, 3 should be attended for use as the bunal-transit permit. nours after death. Page 6 may be retained by the hospital or attending physician. HIGHLIN, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

FOR 1 - STATE

_	HEGISTHAH		CERT	IFICAL	E Ur	DEATH	. F	REG. NO.			
	DECEDENT'S NAME (First, Middle, Last)	Elizabeth	n Boyd	Heilm	nan		2. DATE OF MONTH	DA	v 4	YEAR 1994	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220 09 6658	5. SEX 6. A	GE (In yrs. lest birthd	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	BIRTH ny, Ybar)			IPLACE (State or Foreign
			70 1/16		1			9/19	17	Mai	ryland
œ	9a. FACILITY NAME (If not institution, give st					OR LOCATION OF DI	EATN		9c. COL	JNTY OF D	EATN
6	North Arundel	HOSPITAL		G1	en B	urnie			An	ne Ai	rundel
<u> </u>	10a, STATE 10b, COUNTY		10c.	CITY, TOWN	OR LOCA	TION					10d. INSIDE CITY
PIG		e Arundel		Pasad	lena						LIMITS? 1 YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 1219 Hillcreek	Road			10	f. ZIP CODE 21122				U.S.A	VHAT COUNTRY?
<u> ۲</u>	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13	WAS DEC	CENDENT OF HISPAI	NIC OBIGINS (S	nacify Yes			-
BY FI	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 1 1			If yes, sp	ocify Cuban, Maxica 3 2 NO Specif	in, Puerto Rice		0, 110	Black Speci	
	15. DECEDENT'S EDUC	CATION	16a. DECEDEN	T'S USUAL	OCCUPATION	ON	16b. KIN	ID OF BUS	INESS/IN	DUSTRY	White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind life. Do NO	of work don T use retired.	e during mo .)	ost of working					
릴	10th Grade		Hous	ewife			Н	ome N	Ma k e	r	
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA					
BE	M	illiam H.	Cook			Da	isy V.	Jone	es		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING AOORE	SS (Street a	and Number or Rural				ip Code)	
F	Teresa Gardner		8103	Vent	nor	Road	Pasade	na,	Mary	land	21122
	20s. METNOD OF DISPOSITION 1 Strial 2 Cremation 3 Rame	oval Irom State	20b. PLACE AND DA		-1		OATE			- City or To	
	4 Donation 5 Other (Specify)		Glen Hay	ven M	emor:	ial Park	7/16	Gle	en B	urnie	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22	. NAME A	no address of fa e J. Gon	CILITY				
	Kana M	Zramie	moh		1001g	Ritchie	Hwy	Bal+	imor	e P.	a. 21225
	IMMEDIATE CAUSE (Final disease or condition resulting in death) e. MYCCUCIO MARCON CONTROL OF CO										
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								YRS 11		
	PART II. Other eignificant condition	e contributing to dee	th but not regulting	na in the u	ınderivin	g cause given in	Part i. 24	. WAS AN	AUTOPSY	2.6h	WERE AUTOPSY FINDINGS
EDICAL				2.7/2				PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME							[1 WES 2 NO
PHYSICIAN:	DID TOBACCO USE	CONTRIBUTE 1	O CAUSE	OF DE	ATH	YES NO					
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		LACE OF DEATH (Ch	eck only one)				
ΥS	1 TYES 2 NO	1 Inpatient 2 ER/	-	4 4 N	ursing Non	ne 5 Realdence					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJU (Month, Day, Ye		TIME OF INJURY M	WC	JURY AT DRK? YES 2 NO	28d, OEŞCRI	BE HOW IN	NJURY OC	CCURED	
	3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE OF INJ building, etc. (URY — At home, tar Specify)	m, atreet, fa	ctory, offic	:0	281. LOCATIO City or To	ON (Street a own, State)	nd Numbe	er or Runal F	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURTS 2 MEDICAL EXAMINE	CIAN: To the best of my in) and manner as stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIER	Darlin 6	\mathcal{M}			29c. LICENSE NUI					(Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	00. 01	0		P	0		/	1171	7
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S	IGNATURE	ren K	anh	OF DIVE	KSS	ader	na.	100	91195
- 8	JUL 1 9 1994 9	the Devidson	Panolette								



DIVISION OF VITAL RECORDS, P.O. BOX 68760.

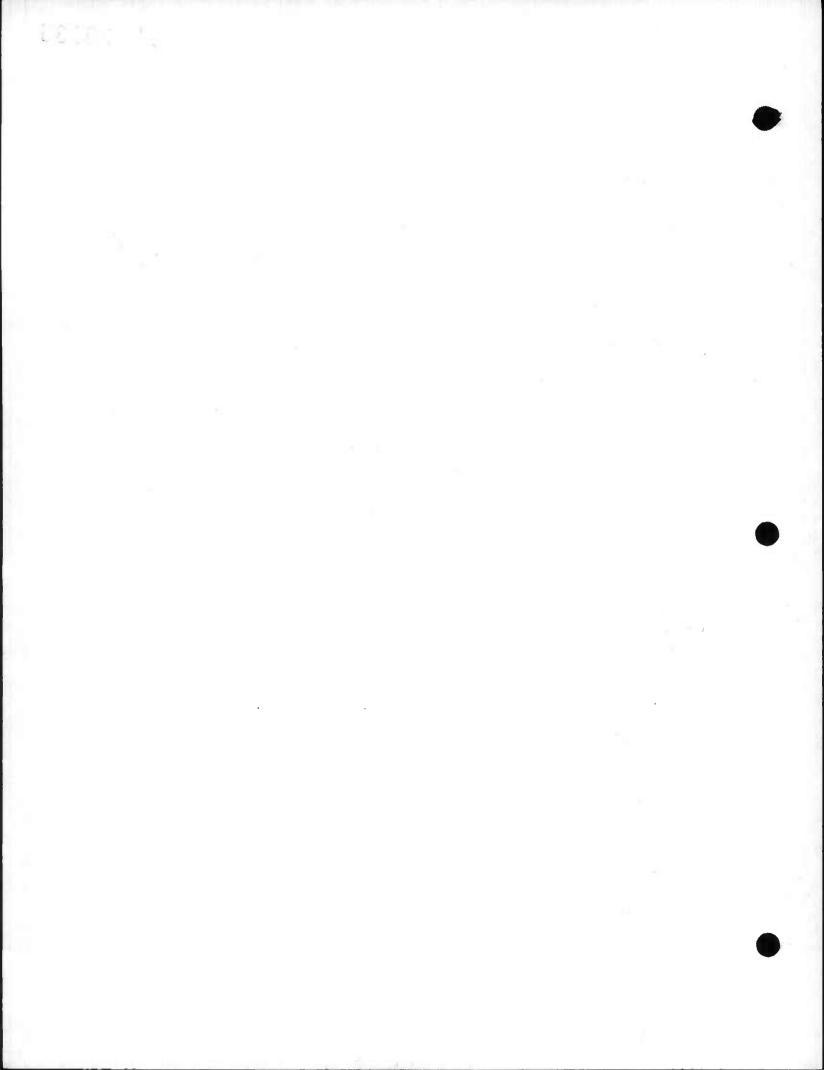
THE CONTRACTOR ATAINST THE CONTRACTOR AND THE ACCOUNTS OF THE CONTRACTOR AND THE CONTRACT SEPTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CE	HILL	ICALE	OF	DEA	IH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) VERA	14			UOI CTI	MOR	D			AY	PAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. les		HOLS I		IF UNDER	24 MDS	7. DATE OF BIRTH	4		02:00 AM M
	307 22 3355	1 🗆 M 2 💢 F	89	YRS.		MY8	HOURS	MIN.	June 30,1	905	Country	iana
	9e. FACILITY NAME (If not institution, give				9b. CITY, TO	OWN O	R LOCATI	ON OF DE	ATN	9c. COUN	ITY OF DE	ATN
FUNERAL DIRECTOR	NORTH ARUNDEL H		ASSOCIAT	ION	GLEN BURNIE					A.A. COUNTY		
DIRE	Maryland 106. COUNT	v Anne Arun	idel	10c. CIT	Y, TOWN OR	LOCAT	ION	Pas	sadena	- 3		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
-	10e. STREET AND NUMBER					101.	ZIP COD			10q, CITI		HAT COUNTRY?
VER/	3913 Alberta Ave			0.7				2	21122	Unit	ed S	tates
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 XXVIdowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 XN	10	lf y	108, SP	city Cube	of HISPAN n, Mexical Specify	IC ORIGIN? (Specify Yes, Puerto Ricen, atc.)	s or No—	14. RACE Black, Specify	- American Indien, White, etc.
ED I	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	18e. DE	CEDENT'S	USUAL OCCI	UPATIO	IN at wastis		16b. KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 -	life.		work done dun se retired.)		st or workin	19				
Š	10 17. FATHER'S NAME (First, Middle, Last)			HC	omemak	er	40.4400		ME (First, Middle, Meiden	Own	Home	
	Ed Ed		Stoc	ker			18. MOT		ME (FIST, MIDDIO, MOIDON Jiola	Sumame)	Pari	ker
BE	19e, INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (S	Street e	nd Number		Route Number, City or Tow	n, State, Zip		
2	Hazel M. Curley			39	913 Al	ber	ta 1	lve.	Pasadena	, MD	2.	1122
	20e. METNOD OF DISPOSITION 1 X Quriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetery cre	matory or o	OF DISPOSITION (INC.)					CATION —		
	21. SIGNATURE OF PUNERAL SERVICE LI	CENSEE 00	Cresi	_lawi	22. NA	ME AN	D ADDRE	SS OF FA				
	· Stish X	Lollan	111						cal Home o			
CERTIFICATION	shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	The	DUENCE D	Parl	برز	k		Senti			interval Between Onset and Death	
EDICAL	PART II. Other significant condition	while	death but not r	a	In the under		X.	given in	Part i. 24a. WAS AN PERFOI 1 YES 2	RMED?	+	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF D	EATN (Che	ock only one)			
YSI	1 U YES 2 NO	1 Inpation 2		□ DOA		g Hom	5 🗆 Re	sidence	8 Other (Specify)			
ВУ РН	27. MANNER OF OEATN 5 Pending Investigation	28e. OATE OF (Month, D	INJURY lay, Year)	28b. TIM	JURY	WO	URY AT RK7 'ES 2	NO	28d. DEŞCRIBE NOW	INJURY OCC	CURED	
	3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY — At ho atc. (Specify)	me, ferm,	street, factory	, office			28f. LOCATION (Street City or Town, State		or Rural Ro	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS								to the ceuse(e) end me			end menner ee stated.
TO BE C	29/ SIGNATURE AND TITLE OF CERTIFIE	NY AT	Timbus		octor		29c. LIC	2	1684	29d. DATI	SIGNED ((Month, Day, Year) 4-54
	30. NAME AND ADDRESS OF PERSON WI CHACKUMKAL V. CY					, S	W, #	106/	GLEN BURN	IE, M	ARLAI	ND 21061
	31. PATELFILED (Month, 1999 Year)	32. REGISTRA	R'S SIGNATURE									
	0	una Davido	on Broke see	_								

	2	
4	ay	
,	E	
ξ	90	
	Pa	
7	di.	
ŕ	dea	,
DALINONE,	rithin hours after death. Page 6 may be	
	60	4
_	<u>S</u>	
		-
	d	
5	ŧ,	1
9	N P	
5	ute	
)	Xec	
<	40	
2	9	
3	Cal	
j	in in	
	0	4
-	eat	,
5	6 0	
2	=	
5	tha	
Ś	Se	
1	Ē	
	9	
1	8	
ζ	100	•
	-	
•	SA	
-	S	
)	F	
	9	
)	ā	
5	TEN	1
	V	-
	8	J
Circles of All Ar De Cones, T.C. Box on the	THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	ì
	4	1

	1. DECEDENT'S NAME (First, Middle, Last)				ICATE				REG. NO			3. TIME OF DEATH
	Elmer	G.			Hack	wor	rth	Ji	JLY 1	5, 1	994	3:20 P
	4. SOCIAL SECURITY NUMBER 275-12-3966	5. SEX 6	79	lest birthday) YRS.	MONTHS C	NOER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTY (Month, Day, Year) AND DAYS HOURS MIN. 3/16/1915 8. BIRTHPLACE (Country) Ohio						
NC.	90. FACILITY NAME (If not institution, give s Maryland Genera		1	-			R LOCATION OF		710/13		NTY OF D	
ECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Υ		the CIT	Dc. CITY, TOWN OR LOCATION							
DIRE		Arunde1			imore		(Brook1	yn P	ark)			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	105 West Fift	n Avenue,				101,	ZIP CODE 212	25		10g. CITI		THAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 [IF YES, GIVE WAF	YES 2		If y	es, spe	ENDENT OF NIS acity Cuben, Me 2/(XNO Sp	rican, Puer	GIN? (Specify Y to Rican, etc.)	es or No-	14, RACE Black Specifi	- American Indian, , White, etc.
ETED	15. DECEDENT'S EDU (Specify only highest grade		- 1	(Give kind of	EDENT'S USUAL OCCUPATION kind of work done during most of working to NOT use relied.) 16b. KIND OF BUSINESS/INDUSTRY to NOT use relied.)							
COMPLE	12th Grade	College (1-4 or 5+)			ed Supervisor				Bethlehem Steel Corp.			Corp.
BE CO		kworth		18. MOTNER'S NAME (First, Middle, Meiden Surname) Gertrude Diamond 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
٩	Mrs. Ruby June	Hackworth		196. MAILING 105	West	Fif	fth Ave	Bi	umber, City or To altimor	re, Mo	Code)	1225
	20e. METNOD OF DISPOSITION 1	oval from State	Metro Crematory, Inc. 7/18/94					94 Ca	ocation – atonsv		, Maryland	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Br 237 E. Patapsco Ave., Balt 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory is abock, or heart failure. List only one cause on each line.												
CERTIFICATION	disease or condition											unknov
MEDICAL C	PART II. Other significent condition	na contributing to de	eth but not	t raaulting	raaulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 NO					24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	DID TOBACCO USE	CONTRIBUTE	TO CAI	USE OF	DEATH	ł Y	ES 1	40 🗆				7
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient	3 □ DOA	OTHER:		ACE OF DEATN 5 □ Residen				1	
PHY	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,	JURY	28b. TIM		Bc. INJU	JRY AT		DESCRIBE HOW	INJURY OC	CURED	
B≺	Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF	NJURY — At I		M	1 🗌 Y	ES 2 NO	281, L	OCATION (Stree	t end Number	or Aural B	oute Number.
ETED	4 Nomicide determined	building, et	c. (Specify)					0	City or Town, Stat	0)		
MAPL	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of m										end menner es stated.
4	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE	NUMBER				(Month, Day, Year)
J.	Mu. 11					17-94.						
0 0	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)											
TO BE		O COMPLETED CAUSE				ra				1		

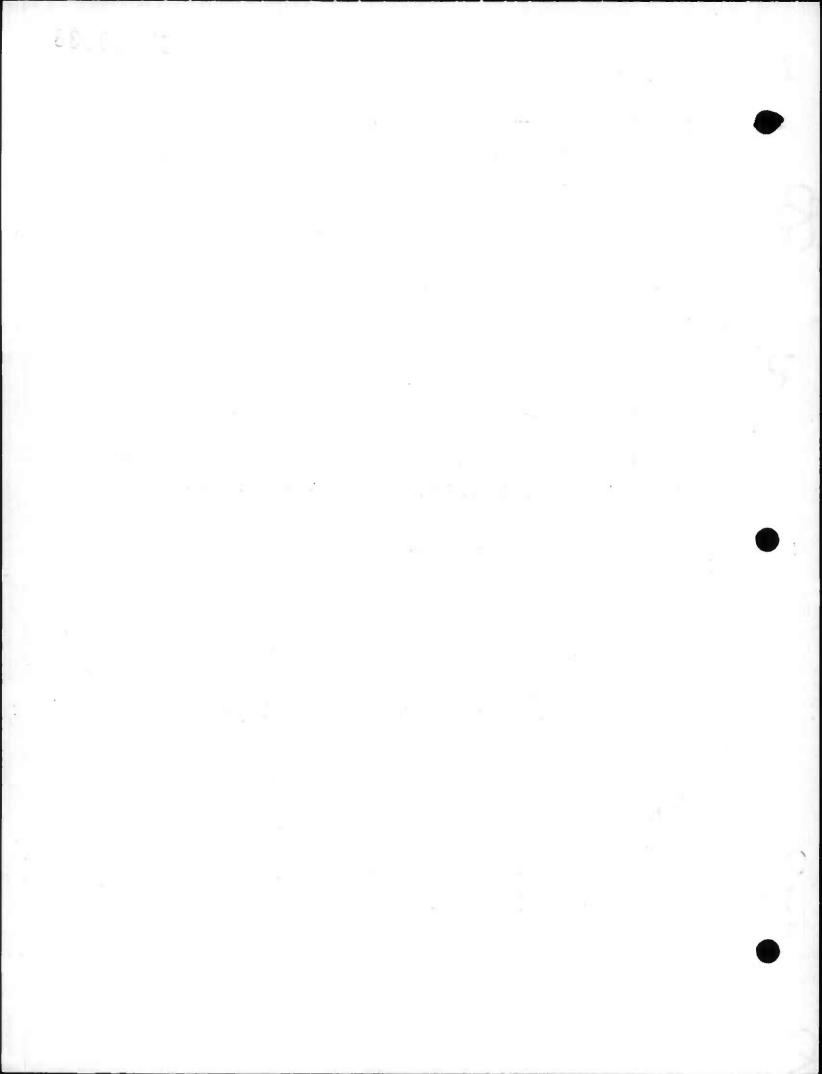


BALTIMORE, MARYLAND 21215-0020
tter death. Page 6 may be retained by the hospital or attending physician.
The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

CORDS, T.O. BOX 68100 BALLIMONE, MARILANE	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Deat, of Heath and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
CONTROL OF THE ALCOHOS, T.O. BOX 60100	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any inj

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF H	EALTH AND		HYGIENE BEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)	Wilford	НА	UGHEY		2. DATE OF		4 YEAR	3. TIME OF DEATH 4:05 pm M		
Ì	4. SOCIAL SECURITY NUMBER 214-03-1656	1 🕅 M 2 🗆 F	(In yrs. last birthday)	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D.	1, 1913	Countr	Maryland		
TOR	9a. FACILITY NAME (If not institution, give st Saint Joseph Hosp RESIDENCE OF DECEDENT				WSON, MAI		9c. C0	9c. COUNTY OF DEATH Baltimore			
DIRECTOR	10a. STATE 10b. COUNTY		10c, CITY	, TOWN OR LOCA		011			10d. INSIDE CITY		
	Maryland 100. STREET AND NUMBER				ltimore ZIP CODE				1 X YES 2 NO		
FUNERAL			Terrace			21214	1		States		
В	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yes, sp	ENOENT OF HISPAI ecity Cuben, Mexica 2 NO Specti	in, Puerto Rica		14. RACE Black Speci	- American Indian, i, White, atc. White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT us	vork done durina mo	ON st of working	16b. KII	NO OF BUSINESS/II	NDUSTRY			
OMP	12 17. FATHER'S NAME (First, Middle, Lest)			bear cor	18. MOTHER'S NA	ME (First, Midd	lle, Maiden Surneme)			
BEC	19a. INFORMANT'S NAME (Type/Print)	Charles E. H					eth C. E	~	1		
5	Elizabeth P. F	laughey			nd Number or Rural ebello T				Md. 21214		
	20a. METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	eval from State 20	b. PLACE AND DATE Cometery, crematory or of Parkwood	of Disposition (Na ther place) Cemetery	me of 7/2	1/94	20c. LOCATION - Balt		wn, state , Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	EMOSE	Knight J	22. NAME A	D ADORESS OF FA	L.	eonard J		k, Inc. yland 21214		
	23. PART I. Enter the diseases, or c ahock, or haart fallure. I	omplications that cause	ed the death. Do n	1					Approximate		
	interval Between IMMEDIATE CAUSE (Final disease or condition resulting in death) But To (or as a consequence of):										
rion	Sequantially list conditions, if any, laading to immediate b Due to (or as a consequence of):										
CERTIFICATION	CAUSE (Disease or Injury that initiated events pauling in desth) LAST										
	PART if Other significant condition	contributing to death	hut not consist on	- 4 4 - 4 - 4		D					
MEDICAL	PART II. Other significant conditions		but not resulting i	n the underlyin	g causa givan in		PERFORMED? YES 2 NO	Y 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	PARKINSON'S DIS		CAUSE OF	DEATH Y	ES [] NO	0 10			1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0.1002 0.		ACE OF DEATH (Ch						
HYS	1 YES 2 NO 27. MANNER OF OEATH	1 Inpatient 2 ER/Out 28e. OATE OF INJURY	28b. TIMI	E OF 28c. INJ	e 5 🗆 Rasidenca URY AT		Decify)	CCURED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 🗆	PRK? /ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spi	(Y — At home, term, a scily)	treet, factory, offic			ON (Street and Numb own, State)	er or Rural R	loute Number,		
COMPLETED		CIAN: To the beat of my known. R: On the beals of examination							and manner as stated.		
BE	296. SEGNATURE AND TITLE OF CERTIFIER	Quia	. M.	1	29c, LICENSE NUI		29d. O	TE SIGNED	(Month, Day, Year)		
TO	30. NAME AND AODRESS OF BUSINGS WHO BEATRIZ P. DIZON		EATH (ITEM 27) (Type, OSEPH HO				1204		117		
	31. DATE FILED (Month, Day, Year) JUL 1 9 1994	32. REGISTRARY SIG	MATURE AND LE	2_							



permit. Pages 1, 2, 3 should

BY FUNERAL DIRECTOR

BE COMPLETED

9

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE P 4 | Homicide

CO.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
	icate be execute	physician and co	er traumatic
	the death certif	y the attending of Mental Hydier	Injury, or oth
1	w requires that	been signed b	shows any
	CIAN: The lan	artificate has	or item 23
	VDING PHYSIC	: After this co	is marked,
	AL OR ATTEN	A DIRECTOR:	t item 28
	TO THE HOSPITA	TO THE FUNERA	IMPORTANT: I

1 - FOR STATE REGISTRAR		STATE OF N	IARYLAN	ID / DEP/					MENTAL	HYGIEN REG. NO	E			
1. DECEDENT'S NAME (First	Middle, Last)			HANBU		0			2. DATE O		W .	OYEAR	3. TIME OF DE	ATH 200
4. SOCIAL SECURITY NUMBER 578-46-572		5. SEX XX M 2 F		E (In yrs. last birthday)				R 24 HRS.	7. DATE OF BIRTH May 26, 1907 Ma				IPLACE (State or y)	Foreign
90. FACILITY NAME (# not in HOLY Cross RESIDENCE OF DEC	Hospi					r, town of						ntgo		
10a. STATE Maryland	10b. COUNTY	100. 011				y, town or location lver Spring							10d. INSIDE CI LIMITS? YES 2	
8201 16th Street, Apartment # 323							2091	0			и.	S.		
11. MARITAL STATUS 1 Never Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DAYES					13	If yes, sp	ENDENT Cook	ın, Maxica	n, Puerto Ri	(Specify Yes	or No—	14. RAC Blac Spec Whi		dian,
(Specify only highest grade completed) (Give kind Elementary/Secondary (0-12) College (1-4 or 5 +)					NT'S USUAL OCCUPATION d of work done during most of working OT use retired.) Liquot Liquot									
	amburg	er						Ida	Ginsb					
Benjamin 1	Davis			19b. MAILE 1111	Nort	h Be	nd Numbo lgra	de R	oad,		r Sp	ring	, Md. 2	
20e. METHOD OF DISPOSIT XX Burial 2 Cremetic 4 Donation 5 Other	(Specify)		20b. Pl cemete KLV	ry, cremetory of	e of dispo	SITION (NE MOTI	al G	arde	13794	Fal	es C	hurc	mn. State h, Virg	inia
21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE OLO	telen	nyer	S 22 S		HEB	REW	MEMOR				OME, IN NGTON	
IMMEDIATE CAUSE (FI	eert fallure.	complications the List only one ceu	ceused ti se on eecl	deeth. Do	not ente	r the mo	de of dy	ing, suc	h es cerdi	ec or respi	ratory ar	rest,	Approxi	
disease or condition resulting in deeth)	+	LULU TO	OFF AS A CO	OMSEQUENCE	on	>	1				1	0		
Sequentially list condit if any, leeding to imme cause. Enter UNDERLY. CAUSE (Disease or inju- that initiated events reaulting in deeth) LAS	diete ING Iry	d		ONSE OUENCE		rta	bi	6		a	Cal	the	ria	
PART II. Other eignifice	nt condition	e contributing to	death but	not recuitin	g in the u	nderlyin	ceuse	given in	Part I.	24s. WAS AN PERFOR		246	WERE AUTOPSY AVAILABLE PRIO COMPLETION OF	OT NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER t TYES 2 4 NO Impatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF BEATH 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Mitural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, streat, fectory, office building, stc. (Specify) 3 Sulcida 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) 8 Could not be

29a. CERTIFIER desth occurred at the time, data and placa, end due to the cause(s) and manner es stated.

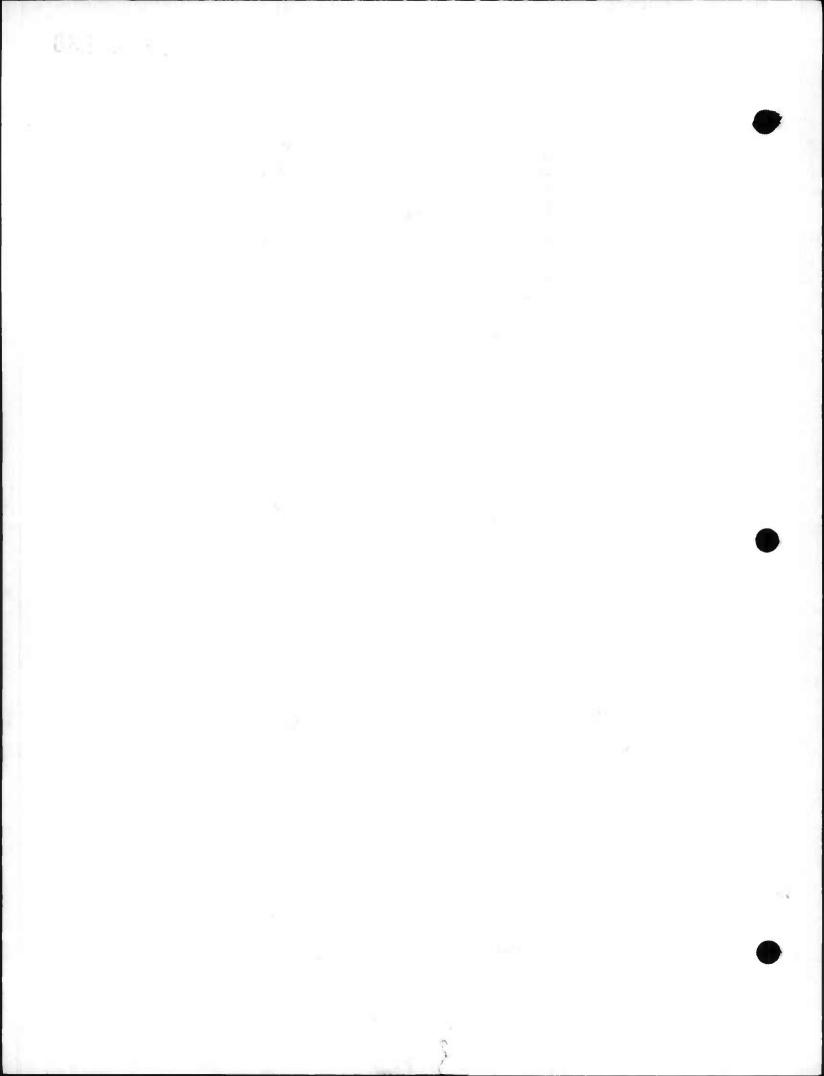
b. SIGNATURE AND TITLE OF CERTIFIER	M	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Jan Mauly	140	1>18813	· 7/12/94
MANE AND ADDRESS OF SECTION			

10301 George Ano,

32. REGISTRAR'S SIGNATURE 1994 nth.

	1, 2, 3 should		
rYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		
retained by the hosp	5 should be detache		s, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
е 6 тау be	rector, page		must be
r death. Pag	he funeral di	al.	examiner
nours afte	filled in by th	и. ог гето	e medical
nted within	completely	rial, crematic	c event, th
cate be exect	hysician and	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	er traumati
death certific	attending p	ental Hygien	iry, or othe
ires that the	signed by the	lealth and M	ws any inju
The law requ	te has been	te Dept. of h	ım 23 shor
HYSICIAN:	this certificat	with the Sta	ked, or ite
VITENOING F	CTOR: After (after death	III Item 28 is marked
JEPITAL OR AT	ERAL DIRE	nin 72 hours	IT: II Item
뫂	á	£	ž

ľ	1 - STATE OF	F MARYLAI	ND / DEPARTM			MENT	AL HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) $J \to A N$		JONES	-		2. DAI MOI JU		1994	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2 19 - 38 - 4106 5. SEX		-	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DAT	TE OF BIRTH	8. 6	HRTNPLACE (State or Foreign
OR	9e. FACILITY NAME (If not institution, give street and numbe 201 N . BROAD W	AY AP			OR LOCATION OF DE			9c. COUNTY	OF DEATH
DIRECTOR	100. STATE 100. COUNTY MARYLAND n/a		10c. CITY, TO	WN OR LOCA					10d. INSIDE CITY
	10e. STREET AND NUMBER			10	TIMORE			10g. CITIZEN	0F WHAT COUNTRY?
FUNERAL	201 N. BROADV 11. MARITAL STATUS 12. WAS DEC	DENT EVER IN U	J.S. ARMED		21201 CENDENT OF HISPAN	NIC ORIG	GIN? (Specify Yee	UNITE	D STATES
à	1 Never Merried 2 Merried FORCES? 3 Widowed 4 Divorced IF YES, G	1 TYES VE WAR OR DATE	2 X MO	If yee, s	pecify Cuben, Mexica S 2\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\	n, Puerl	o Rican, etc.)		Black, White, atc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) HIGHSCHOOL College (1-4		6a. DECEDENT'S USU (Give kind of work life. Do NOT use ret LABORE	done during m ired.)	ON ost of working	1	66. KIND OF BUS		RY
BE CO	17. FATHER'S NAME (First, Middle, Last) CLIFFORD JON	IES			16. MOTNER'S NA		t, Middle, Melden S JOHN		
2	190. INFORMANT'S NAME (Type/Print) CAROL TOLBEF	RT	3905	FORD	end Number or Rural I LEIGH	RD,	BALTI	MORE,	" MD 21215
	20e. METHOD OF DISPOSITION XCX Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)	20b. P camete	LACE AND DATE OF DI ary, crematory or other I ING MEN	SPOSITION (A	eme of L PARK	1 0		NDALL	or Town, State STOWNMD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Benefit & Office of the Control of the	2010			ND ADDRESS OF FA	43	H110	1 E.	NORTH AVE.
RTIFICATION	23. PART I. Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE to (OR AS A CONSEQUENCE OF): DUE to (OR AS A CONSEQUENCE OF): DUE to (OR AS A CONSEQUENCE OF): DUE to (OR AS A CONSEQUENCE OF): DUE to (OR AS A CONSEQUENCE OF): DUE to (OR AS A CONSEQUENCE OF):								
AL CE	PART II. Other significant conditions contributing	g to death but	not resulting in th	a underlyir	g cause givan in	Part i.	24a. WAS AN /		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC		· · ·				_	1 TYES 2	1.4	COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONTRIB	UTE TO C	CAUSE OF D		YES NO		200)		
HYSICIAN:		.: 2 ☐ ER/Outpati E OF INJURY		HER: Nursing Ho	ne 5 Residence	6 🗆 Ot	her (Specify)	I SURV GOOD IN	
BY P	Natural 5 Pending (Mor	nth, Day, Year)	INJURY	M 1 🗆	YES 2 NO		EŞCRIBE HOW IN		
E	4 Nomicide determined	ding, atc. (Specify				C	ty or Town, State)		ural Route Number,
COMPLE	CERTIFYING PNYSICIAN: To the be								use(e) end manner ee stated.
IO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEAT	W (ITEM 27) (Sono Delet		D/32		3	29d. DATE SIG	AND (Month, Day, Year)
									,
•	31. DATE FILED (Month, Day, Year) 32. REGI	STRAR'S SIGNAT	URE						DHMH-16 Rev 1/89



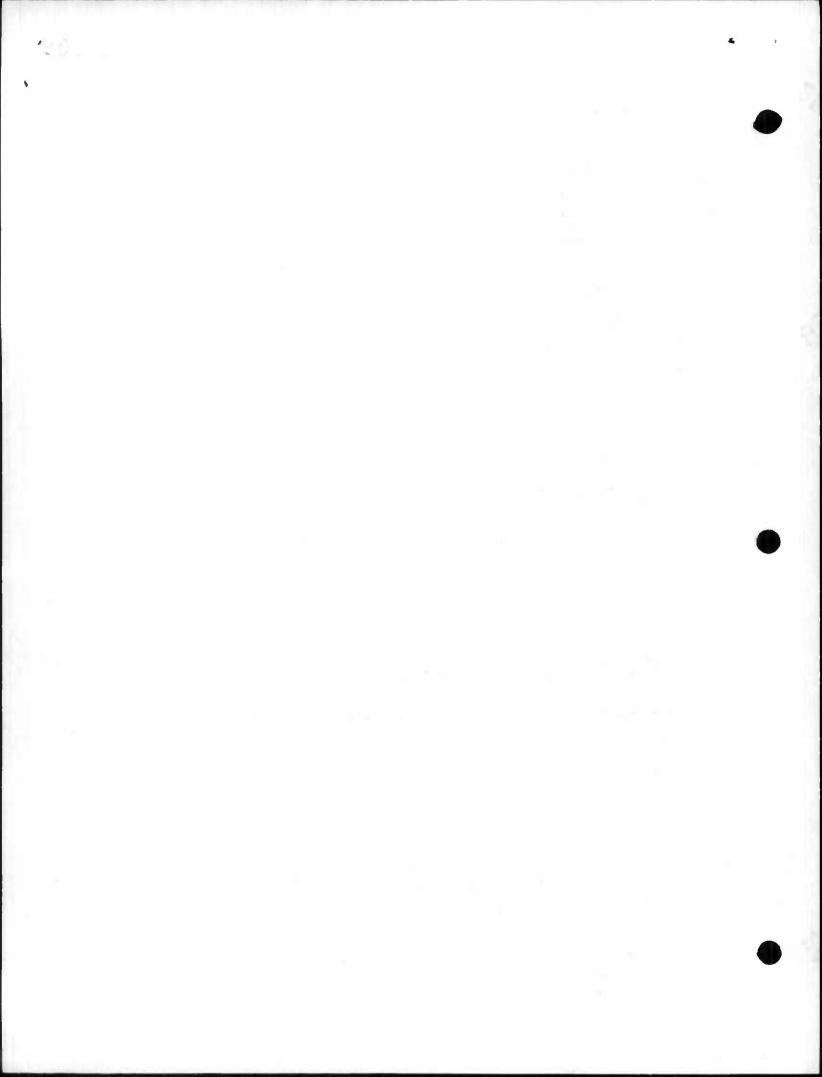
DIVISION OF VITAL RECORDS, P.O. BOX 68760

DATALL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should her within the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH	MENTAL HYGIE REG. N	
DECEDENT'S NAME (First, Middle, Last) William A.	Jarrett		2. DATE OF OEATH MONTH July	DAY 15

	1 - STATE REGISTRAR	SIAIE UF N	IAKYLANU / CE		ICATI				MENTA	L HYGIEN REG. NO.			,	
	1. DECEDENT'S NAME (First, Middle, Last)									OF OEATH			3. TIME OF DEATH	
- 6	William A.	Jarrett							Jul	y ĭ	5	1994	240 M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER			ОГ ВІЯТН		8. BIRTHE	LACE (State or Foreign	
3	220-20-6061	1 🔛 M 2 🗆 F	66	YRS.	MONTHS	DAYS HOURS MIN.			Dec	. 7, 1	927	Mar	yland	
	Sa. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY							UNTY OF OE	ATH		
OR	3329 Black Rock R	oad			Reisterstown Baltimore									
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT													
E E				10c. CITY, TOWN OR LOCATION							10d, INSIDE CITY LIMITS?			
	Maryland Ba	<u>ltimore</u>		Reisterstown							1 YES 2 NO			
RA		n 1				101								
FUNERAL	3329 Black Rock	KOAG 12. WAS DECEDENT	T EVER IN II S ARA	4ED	112	Wile OEC	211.		IIC OBION	N? (Specify Yes		ted S		
ВУ	1 Never Married 2 Married	YES 2 N			If yes, spe	ecity Cuba 2 XXNO	n, Maxicai	n, Puerto	Ricen, etc.)	or No—	Black, Specify	— American Indian, White, atc. White		
COMPLETED	15, OECEDENT'S EDU (Specify only highest grade		18a. OEC	CEDENT'S	USUAL O	CCUPATIO	N of words		166	. KIND OF BU	SINESS/IN	DUSTRY		
ET	Elementary/Secondary (0-12)	College (1-4 or 5+	Hin	Do NOT u	se retired.)	auring mo:	SI OF WORK	Ŋ						
MP	5th grade		Mac	hini	st				Wester	n El	ectri	c Co.		
00	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NAI	ME (First,	Middle, Maiden	Sumame)		7	
BE	Earl Jarrett									. Buhl				
2	19a, INFORMANT'S NAME (Type/Print)								ber, City or Tow		(ip Code)			
	Mr. James Buhl		1613 Davinda Drive Fink											
- 3	1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	cemetery cren	cremetory or other place) Note View Mem. Park 7/19							Sykesville, MD			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Lake	view			r K	SS OF FAC		9 Sy	kesv	ille,	MD	
	· James	BC	over		L	orin	g By	ers	Fune	ral Di Rand			Inc. MD 21133	
	23. PART I. Enter the diseases, or	complications that	caused the dec	eth. Do	not enter	the mo	de of dy	ing, suct	h aa can	dlec or reepi	iretory e	rrest,	Approximate	
	shock, or heart fellure. IMMEDIATE CAUSE (Final	List only des cau			4.5	1	1	1					Interval Batween Onset and Daath	
	disease or condition											1		
	DUE TO (OR AS A CONSEQUENCE OF):													
O	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)													
ATI	If any, leading to immediate cause, Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or injury that initiated evente	C. DUE TO	OR AS A CONSEO	UENCE O	F):							-	<u> </u>	
H	resulting in deeth) LAST	d											!	
	DART II Ather classificant and disc	E albaha a												
CAL	PART II Other significant condition	A ALE DIV	deeth but not re	sulting	in the ur	nderlying	ceusers	given in	Part I.	24a. WAS AN PERFOR	MED?	3	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
	11 51 51 11	a do		The same	D 11 00	7000	70	NA-KBI		1 YES 2	HO		COMPLETION OF CAUSE OF DEATH?	
×	ngan)	gen				<u> </u>		— 1				1 TES 2 NO	
PHYSICIAN: MED	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	TO CAUS	SE OF	DEA									
2	EXAMINER?	HOSPITAL:			OTHE	A:		_	eck only or					
14S	YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 I		□ DOA 28b. TIN				sidence		er (Specify)				
	1 Netural 5 Pending	(Month, De			JURY	26c. INJI WO 1 N	RK?	NO	280. DE	SCRIBE HOW I	NJUHY O	CCURED		
ВУ	2 Accident Investigation 3 Suicide a Could not be	28a. PLACE O	F INJURY — At hor	ne, tarm,	atreet, fac			- 110	28f. LOC	CATION (Street I	and Numbi	er or Rumi Ro	ute Number	
PLETED	4 Homicide 8 Could not be determined	building,	etc. (Specify)						City	or Town, State)				
2	29a. CERTIFIER (Check only	ICIAN: To the best of	my knowledge, des	ith occurr	ed at the t	time, data	and place	and due	to the car	use(a) and mar	nner as et	etad		
3													and menner as stated.	
٥)	29b. SIGNATURE AND TITLE OF CERTIFIE							ENSE NUM					Month, Day, Year)	
3	J. C. 1074000 O.	Jonovan	M.I).	Brings		De		32	-	•	7-1	8-94	
	J. CROSSAN DA	DNOVAN	, 2112	- 1		AL	K	AVE		BALT	0	mD.	21222	
	31. DATE FILED (Month, Day, Year)	32 JEGISTRA	R'S SIGNATURE	بالمعالم										
	JUL 1 9 1994	10	,											



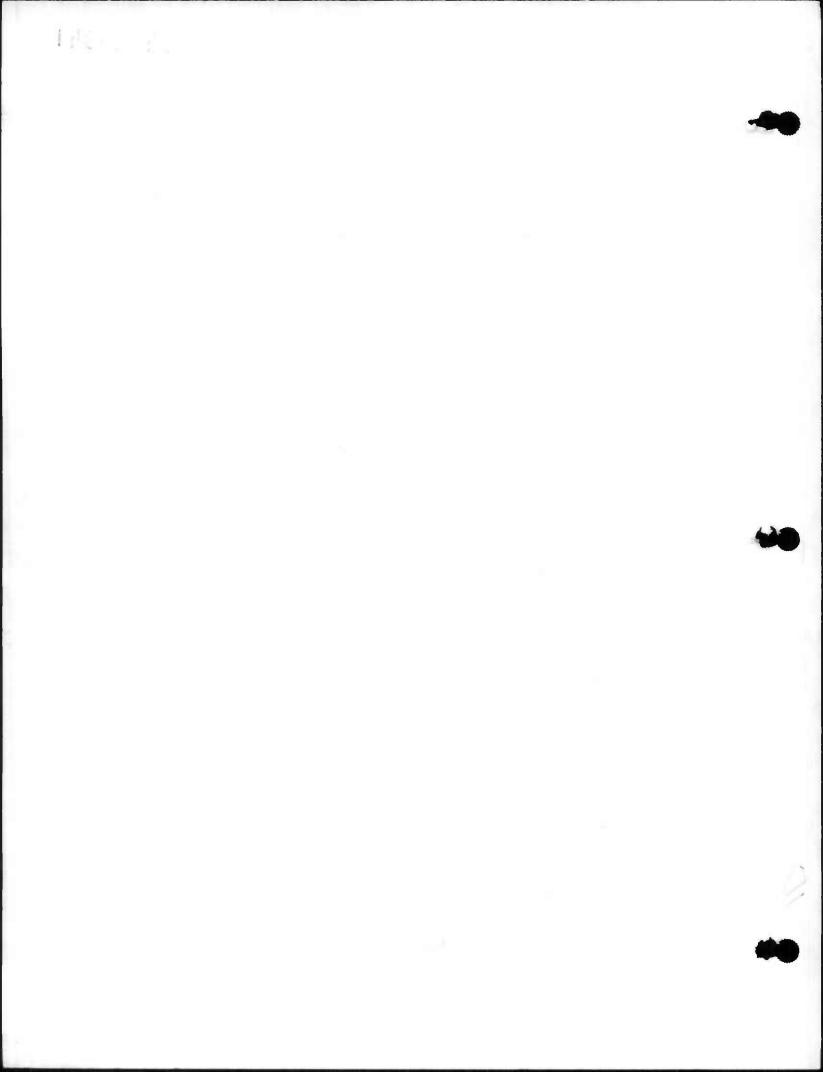
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Ser hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

- 1	REGISTRAR		CE	RTIFIC	ATE OF	DEATH	F	EG. NO.								
- 1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TI															
	Sally Mae Jon	ies					July	13	1994	11140 00						
1	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. lesi	A branch which have						112101"						
	A CONTRACTOR OF THE PARTY OF TH			MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, Da	w. Wear)	B. BIRT	HPLACE (State or Foreign try)						
	217-34-2967	1 🗌 M 2 🇷 F	64	YRS.			2/6/1	930	NC							
	9e. FACILITY NAME (If not institution, give st	treet and number)		96	CITY, TOWN	OR LOCATION OF DE	ATH	9	c. COUNTY OF	DEATH						
DIRECTOR	412 N. Lakewood	Ave.			Raltin	Baltimore City										
ΙĶ	RESIDENCE OF DECEDENT	11101			Darti	note ofty										
Ĭ	10a. STATE 10b. COUNTY	1		10c. CITY, TO	OWN OR LOCA	TION				10d. INSIDE CITY						
1 5	MD				Raltin	nore City				LIMITS?						
	10s. STREET AND NUMBER		-			of ZIP CODE				WHAT COUNTRY?						
MA W	412 N. Lakewood	ATTO			["			"								
W						21224			U.S.A	. •						
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI	MED		CENDENT OF HISPAN				E — American Indian, k, White, atc.						
	1 Never Married 2 Married	IF YES, GIVE WA		•		pecify Cuban, Maxica S 2 NO Specify		1, 01 C.)	Spec							
B	3 Widowed 4 Divorced								Amer	cican Indian						
B	15. DECEDENT'S EDUC		16a. DE	CEDENT'S USU	IAL OCCUPAT	ON 16b, KIND OF BUSINESS/INDUSTRY										
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY															
1	Elementary/Secondary (0-12) College (1-4 or 5+) UNK. Packer Glass															
ONCE.	UNK. UNK. Packer Glass 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme)															
5 2									,							
or other traumatic event, the medical examiner must be notified at once. FRTIFICATION TO BE COM	Luke Jones					Annie										
10 10	19a. INFORMANT'S NAME (Type/Print)		196	MAILING AD	ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
2 -	Avance Jones		4	12 N.	Lakewo	ood Ave.	Balti	more	MD 212	24						
8	20a. METHOD OF DISPOSITION			ND DATE OF D			DATE		ION — City or To							
SE SE	1 Buriel 2 Cremellon 3 Remo	oval from Stata	cometery crer	natory or other	oleca)	oru	1			· ·						
5	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A Donetton 5 Other (Specify) Druid Ridge Cemetery 7/16 Baltimore, MD															
듵	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY B. Dabrowski & Son Funeral Home															
exa	(Xeman-V)	The	relea	1												
Eg	2818 E. Baltimore St. Baltimore, MD 21224 23. PART i. Enter the diseases, or complications that coursed the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate															
Dec	shock, or heart fallure.	List only one ceus	e on each fine.		orikar tria ili	oue of dying, suc	i ee ceruisc	Oi reapirate	bry arrest,	interval Between						
0	IMMEDIATE CAUSE (Final	1	1 (c	0	4	^				Onaet and Death						
f.	disease or condition resulting in death)	Meto	stati	c Bri	east	Cance	5			3mos						
lent lent	Toodking in deaking	DUE TO (C	OR AS A CONSEC	UENCE OF):												
5 -	_									İ						
1 0 mg	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.															
AT	if any, leeding to immediate couse. Enter UNDERLYING															
	CAUSE (Disease or injury	c														
흥	that initieted events reaulting in death) LAST	DOE 10 (C	OR AS A CONSEC	UENCE OF):												
5 E	dd															
할 고	PART ii Other equificent conditions contributing to death but not written to the contributing to death but not written to the contributing to death but not written to the contributing to death but not written to the contributing to death but not written to the contributing to death but not written to the contributing to death but not written to the contributing to death but not written to the contributing to death but not written to the contributing to death but not written to the contributing to death but not written to the contributing to death but not written to the contributing to death but not written to the contributing to death but not written to the contributing to death but not written to the contributing to															
DICAL	PART ii. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? AMILIBLE PRIOR TO															
E 3							1.5	YES 2	NO	COMPLETION OF CAUSE OF DEATH?						
ME										1 YES 2 NO						
23 shows any injury, AN: MEDICAL CE	DID TOBACCO USE C	CONTRIBILITE	TO CALIS	E OE D	EATH Y	/EC D NO										
A A	25. WAS CASE REFERRED TO MEDICAL	CITICIBUIE	TO CAUS	L OF D		LACE OF DEATH (Ch										
Item SICI/	EXAMINER?	HOSPITAL:	Parameters		THER:	15	100									
5 >	1 YES 2 NO	1 Inpetient 2 I			_	me 5 - Residence	6 Other (Sp	ecify)								
	27. MANNER OF DEATH	28a. DATE OF III (Month, Day		28b. TIME OF		JURY AT ORK?	28d. DESCRI	BE HOW INJU	RY OCCURED							
히급	1 Natural 5 Pending					YES 2 NO										
y Ph	The state of the s	40 01 100 00	INJURY — At hor	ne, farm, stree	t, factory, offi	Ĉa .	28f. LOCATIO	N (Street and	Number or Rural	Route Number,						
market BY P	2 Accident Investigation	28a. PLACE OF	ic. (Specify)				City or To	wn, State)								
8 is marked ED BY P	2 Accident Investigation	City or Town State)														
28 is marked TED BY P	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	building, at	· · ·	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, data and place, and due to the cause(a) and menner as stated.												
28 is marked TED BY P	2 Accident Investigation 3 Suicida 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	building, at	ry knowledge, der	oth occurred at	the time, dat	e and place, and due	to the cause(a) and menner	as stated.							
28 is marked TED BY P	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	building, at								s) and menner as stated.						
28 is marked TED BY P	2 Accident Investigation 3 Suicida 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	Duilding, at				death occured at the	lime, data and	place, and de	us to the cause(/						
28 is marked TED BY P	2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	Duilding, at					lime, data and	place, and de		/						
PORTANT: If item 28 is marked BE COMPLETED BY P	2 Accident Investigation 3 Suicida 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINET	Dullding, at CIAN: To the best of π	minetion and/or in	MO	my opinion,	death occured at the	lime, data and	place, and de	us to the cause(/						
28 is marked TED BY P	2 Accident 3 Sulcide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATUSE AND TITLE OF CENTIFIER 30-MAME AND ADDRESS OF PERSON WHO	CIAN: To the best of m	minetion and/or in	MO	my opinion,	death occured at the	lime, data and	place, and do	us to the cause(/						
PORTANT: If item 28 is marked BE COMPLETED BY P	2 Accident 3 Sulcide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATUSE AND TITLE OF CENTIFIER 30-MAME AND ADDRESS OF PERSON WHO	Dullding, at CIAN: To the best of π	minetion and/or in	1 27) (Type, Prir	my opinion,	death occured at the	lime, data and	place, and do	us to the cause(/						
PORTANT: If item 28 is marked BE COMPLETED BY P	2 Accident 3 Sulcide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATUSE AND TITLE OF CENTIFIER 30-MAME AND ADDRESS OF PERSON WHO	CIAN: To the best of m	OF DEATH (ITEM	1 27) (Type, Prir	my opinion,	death occured at the	lime, data and	place, and do	us to the cause(/						
BE COMPLETED BY P	2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30FRAME AND ADDRESS OF PERSON WHO	CIAN: To the best of mr. On the basis of exe	OF DEATH (ITEM	1 27) (Type, Prir	my opinion,	death occured at the	lime, data and	place, and do	us to the cause(/						

EVOLUTION. 31 11

	1 - STATE REGISTRAR	STATE OF MA					EALTH DEAT		IENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Li	151)	atlic						2. DATE OF DEATH MONTH DA	6	YEAR 3	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-38-3112	5. SEX 8.	AGE (In yrs. lest b	oirthday) YRS.	IF UNDER	t YEAR DAYS	IF UNDER		7. DATE OF BIRTH	99		ACE (State or Foreign YLAND	
OR	90. FACILITY NAME (If not institution, g CHESAPEAKE MA	ANOR NURSI	NG HOM	ΙE		ARN	R LOCATIO	ON OF OE	ATH		NTY OF DEA	ARUNDEL	
DIRECTOR	10e. STATE 10b. COL			10c. CIT	Y, TOWN (OR LOCAT	ION				1	Od. INSIDE CITY LIMITS?	
		ANNE ARUND	EL		ARNOLD						1 TYES 2 TH NO		
RAL	319 STEVENS	AVENUE		10f. ZIP CODE 21012						10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	IEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yee, specify Cuben, Mexicen, Puerto Ricen, etc.)							14. RACE - Black, 1 Specify:	- American Indien, White, etc.	
	15. DECEDENT'S		16a. DECE	EDENT'S	USUAL O	CCUPATIO	DN .		16b. KIND OF BU	SINESS/IN	DUSTRY	WHITE	
COMPLETED	(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5+) NONE	Me. D	NOT u	work done se retired.) MAKE		st of workin	g	OWN	HOM	Ξ		
BE CON	17. FATHER'S NAME (First, Middle, Last FRANK)	NOV A	λK				RRI	AE (First, Middle, Maiden E	Sumame)	FRA	NK	
10	19e. INFORMANT'S NAME (Type/Print) JAMES KATLIC 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) XATLIC 319 STEVENS AVENUE, ARNOLD, MD. 21012												
20a. METHOD OF DISPOSITION 1 G Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of camelery, crematory or 7 / 20 / 9 20c. LOCA of the place) GLEN HAVEN MEMORIAL PK.											CITY OF TOWN	E, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVENUE, S.W.												
_	Lucha	el l'a	Jo Sh	all	/ GI	EN	BURN	JIE,	MARYLAN	D 2	1061		
	23. PART I. Enter the diseases, or compilications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heert failure. List pnly one cause on sach line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSPONENCE OF):												
NOI	DUE TO (OR AS A CONSEQUENCE OF): Multiple Cerebility list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST												
EDICAL	Cargartine deart Parline Performed? 1 yes 2 (That of											VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? I YES 2 NO	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF O	EATH (Che	ock only one)				
HYSI	1 VES 2 NO	1 Inpatient 2 E		DOA 28b. TII	4 (Ny	men Hon	URY AT	sidence	8 Other (Specify) 28d, OESCRIBE HOW	INJURY O	CCURED		
ВУ Р	1 Netural 5 Pending 2 Accident Investigat	(Month, Day,	(Year)	IN	JURY	W	YES 2	□ NO					
	3 Suicide 6 Could no 4 Homicide determine	t be building, et	tNJURY — At hom tc. (Specify)	ne, ferm,	street, fac	ctory, offic	•		28f. LOCATION (Street City or Town, State	and Numb)	er or Rural Ro	ute Number,	
COMPLETED	CONSUR OTHY	PHYSICIAN: To the best of m										end manner ee stated.	
296. STONATURE FORD TITLE OF CERTIFIER 296. LICENS 296. LICENS									21684	29d. D/	TE SIGNED	Month, Day, Mar) 18 1849	
10	30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAUSE	OF DEATH (ITEM O CRA12		e, Print)	7.	GL	RN	BURNIE	- , ,	MD.	21061.	
	31. MTE FILED MORT 1994	Julia Daylo	'S SIGNATURE	٤.,		1				/			



020	s after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-trans
BALTIMORE, MARYLAND 21215-0020	attending	se as the
D 21	pital or	and for a
LAN	the hos	e defach
IARY	stained by	should b
₹E, N	ay be n	Dade 5
MOF	зде 6 п	director.
ALT	death. F	e funeral
m	s after	thy the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

age a	det	
6	2	
retained	5 should	
2	90	
тау	or, pa	
Page 6	I direct	
death.	funera	
after	y the	noval
Sign	E.	ren
8	Filled	M, 0
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Frours after death. Page 6 may be retained by the	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
uted	00	irial,
exec	and	10 P
le be	Siciar	Drior .
tifical	P P	ene
5	din	Hyo
death	afte	emtal
the	the	MP
that	5	na r
nires	signe	Healt
Lee	peed	. 0
e law	has	Ded
5	cate	State
CIA	ertif	the
PHYS	this c	With
SING	After	death
TENC	OR:	ifter (
RAT	RECI	Urs a
07	L DI	2 ho
PITA	ERA	7 U
SS.	FE	with

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

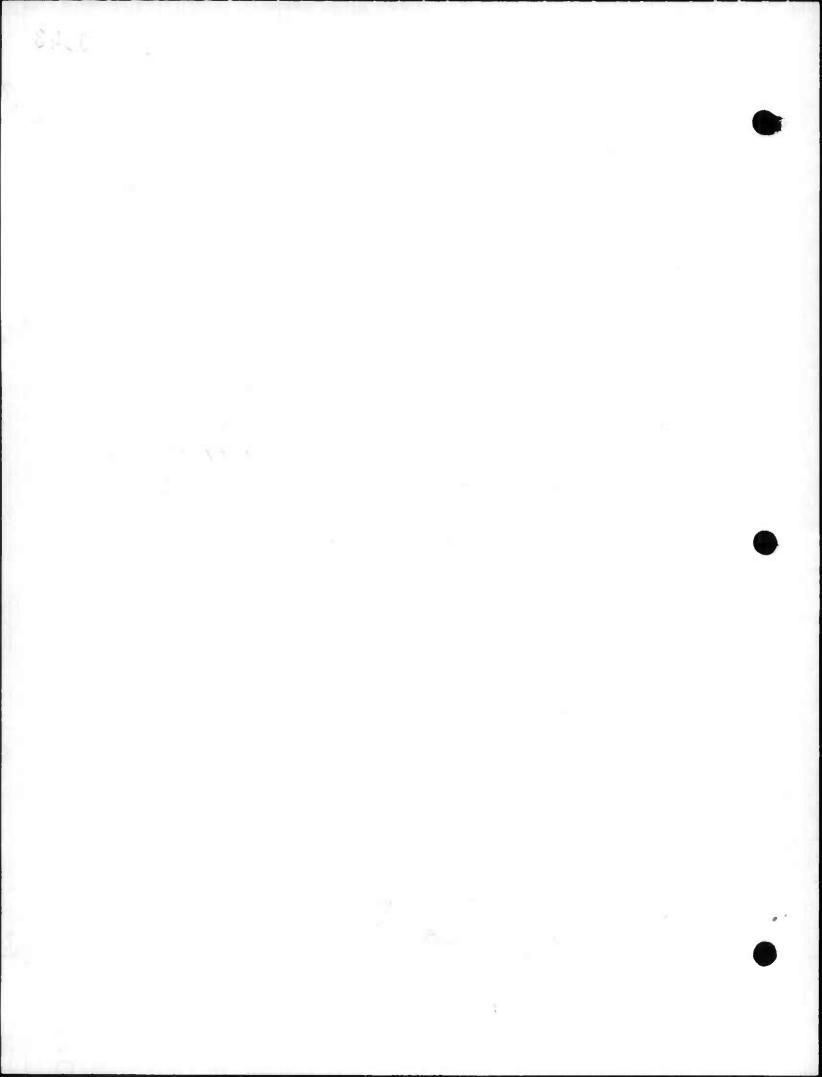
	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO).								
	1. DECEDENT'S NAME (First, Middle, Last)	KREJO			2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH							
	4. SOCIAL SECURITY HUMBER					5 44	1 3.12 M							
				F UNDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BH	RTHPLACE (State or Foreign untry)							
	217-05-5342 9s. FACILITY HAME (If not institution, give		/ 6		[Aug. 10,1		laryland							
œ				Pb. CITY, TOWN OR LOCATION OF		9c, COUNTY O	F DEATH							
0	Bayview Hospi	tdl		Baltimore										
DIRECTOR	10s. STATE 10b. COUHT	Y	10c. CITY,	TOWN DR LOCATION			10d. INSIDE CITY							
	Md. Ba	ltimore	0.0	Essex			1 YES 2 THD							
AL	10e. STREET AND HUMBER			101. ZIP CDDE	15	10g. CITIZEH DF								
FUNERAL	3 B Norham	Court		21	221	US	SA							
בַּ	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? XX YES		13. WAS DECEMDENT OF HISP If yes, specify Cuban, Maxi		e or Ho— 14. R.	ACE — American Indian, leck, Whits, etc.							
BY	1 Hever Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR DR DAT	TES	1 YES 2 HD Spe		pecify:								
ED	15. DECEDENT'S EDI	IOATION .	44- 0507071710 11	White										
ETE	(Specify only highest grad	e completed)	(Give kind of wo	ia. DECEDENT'S USUAL OCCUPATIOH (Give kind of work done during most of working life. Do NOT use retired.)										
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	me. 50 1701 550	Tolked.)										
COMPL	12th 17. FATHER'S HAME (First, Middle, Last)			18 MOTHER'S	HAME (First, Middle, Meiden	Cumama)								
N N	unknown				na Zunt	Gurnamay								
00	19a. INFORMANT'S NAME (Type/Print)		19b, MAJUHG A	OORESS (Street and Number or Run		vn. State Zio Code								
2	Joseph Krejo	i		Stillwater R										
	20a. METHOD OF DISPOSITION	20b. (DISPOSITIOH (Name of		CATIDH - City or								
	1 Suriet 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	0 01110	tery, crematory or other	Cemetery 7/	10/04 8-		- 263							
	ltimor	e Ma												
	DR TILL	10 01	0,	Connelly F	uneral HC	me of	Essex							
	23. PART I. Enter the diseases, or	onnel	4	300 Maco	Avo Bal	timroo								
z	disease or condition resulting in death) s. RESPIRATORY FAILURE DUE TO (DR AS A COHSEDURING OF): PNEUMONIA Sequentially list conditions,													
CERTIFICATION	Sequentially list conditions, If eny, leeding to immediate													
<u>র</u>	c. CARLARY ARTERY DICLASE CAUSE (Disease Dr Injury that initiated events C. DE TO (OR AS A CONSEDUENCE OF):													
빌														
H	resulting in deeth) LAST a. RPNA FAICURE													
	PART II. Other eignificent condition	ne contributing to deeth bu	t not resulting in	the underlying cause given	in Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS							
DICAL	ILEUS C	EREBRAL VA	sculte	ACCIDENT	PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION DF CAUSE							
ME	PERIPHER!	n VASCULA	R NITH	EAST			OF DEATH?							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE DF DEATH	Check only one)									
S	1 YES 2 NO	12 Inpetient 2 ER/Outpe		OTHER: I D Hursing Home 5 D Residence	e 6 Other (Specify)	-								
<u>چ</u> ا	27. MANNER OF DEATH	28e. DATE DF IHJURY (Month, Day, Year)	28b. TIME 1HJU	OF 28c. INJURY AT	28d. DESCRIBE HOW	IHJURY OCCURED								
8	1 Natural 5 Pending Investigation	(Month, Day, Hear)	4130	M 1 YES 2 NO										
	3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, str	eet, factory, office	281. LOCATION (Street City or Town, State	and Number or Rui	ral Route Number,							
ETE	4 Homicide detarmined		"		Oity or sown, State									
ן ב	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my knowle	dge, death occurred	at the time, data and place, and d	us to the cause(s) and me	nner sa stated								
COMPL	0001			In my opinion, death occured at t			e(s) end manner as stated.							
- 1	296. SENATURE AND TITLE DE CERTIFIE		OFMEDIC				IED (Month, Day, Year)							
8	Sussen I Bun	a track	WILL WITH	N11111	710	D 7/	15/94							
임	30. NAME AND ADDRESS DF PERSON W	O COMPLETEO CAUSE OF OEA			1100 1304	1/60-110	IDITA 2122							
	SUSANILIE	BURGERT M	1 Hay	TOUNS HOPK	ANDAMA		APITAL 21224							
	31. DATE FILED (Month, Day, Year)	22 PECIETRADIS SICNA	TURE	O CASICALIV	TIVETVIC	LYLIV	MOREC, MD							
	JUL 1 9 1994	Juli Dander	Muddle											

		3 should	
		ages 1,	
		permit. F	
BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
BALT	ter death.	the funera	, and
	JIS 3	of u	K

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ding	s the	
PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending	The first conficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the many with the State Dent of Health and Mental Hydiene prior in build cremation or removal	
0	ח ה	
Spita	ped	
e ho	etac	nce
± 3€	P P	ato
Pe	pin	ed
retair	Sho	THE .
2	906	e II
тау	, D	st
ge 6	rect	Ē
Pa	ral di	iner
eath	fune	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
fter d	the	9
JIS 3	in by	edic
100	led i	E
D	ely fil	Ē
WILL	crem	/ent
uted	Los les	9
exec	and	Hat
Pe	ician	Lan
ficate	phys.	ē
certi	ding	0
eath	atten	0
he d	Me	à
hat t	d by	ny i
res t	igne	5
edui	en s	how
W.P.	is be	23
The	te ha	E
AN:	tifica Str	=
YSICI	S cer	d, e
PH	r this	arke
DING	the state	E
754	15	-

	REGISTRAR		CERTIFIC	ATE OF D	DEATH	REG. N	0.					
	Vi	stewart	KERR			2. DATE OF DEATH			TIME OF DEATH SIDA M			
	4. SOCIAL SECURITY NUMBER 125-20-7348	5. SEX 6. /			IF UNDER 24 HRS.	7. DATE OF BIRTH	1928	Country)	ACE (State or Foreign YORK			
.	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
	8204 ROBIN HOOD COURT TOWSON BALTIMORE											
	MARYLAND BA	NTY ALTIMORE	TOW:	OWN OR LOCATION	N		-		d. INSIDE CITY LIMITS? YES 2 X NO			
	100. STREET AND NUMBER 8204 ROBIN HOOD		10g. CITIZE	N OF WHA	T COUNTRY?							
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 IF YES, GIVE WAR O KOREA	YES 2 NO	2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black, White, etc.								
	15. DECEDENT'S E (Specify only highest gri	16a. DECEDENT'S USI	done during most	of working	16b. KIND OF B	USINESS/INDU	STRY					
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	(Give kind of work done during most of working life. Do NOT use retired.)								
	17. FATHER'S NAME (First, Middle, Last)		ANNO	ANNOUNCER TELEVISION 18. MOTHER'S NAME (First, Middle, Maiden Surmane)								
	THOMAS STEWART	W. Martin College Programmer and Contracting										
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and	Number or Rural R	loute Number, City or To	wn, State, Zip C	lode)				
	MARY ELTZABETH 1 200. METHOO OF DISPOSITION	TOWSON, MD. 21204 OATE 20c. LOCATION — City or Town, State										
	1 Buriel 2 Cremation 3 R			, State								
į	DULANEY VALLEY CEM. 7/21/94 TOWSON, MD. 1. SIGNATURE OF FUNERAL MERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RUCK TOWSON FUNERAL HOME INC.											
	A are long	JOHN E.	DOLAN			D TOWSON						
iMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):												
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
	DADT II Other simultiness con the	d.			Market Service and							
	PART ii. Other significent conditions contributing to daeth but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 TES 2 NO											
	DID TOBACCO USE	CONTRIBUTE T	O CAUSE OF	EATH YE	S NO	19						
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO	HOSPITAL:		THER:	E OF DEATH (Che							
	27. MANNER OF OEATH 1 ☑ Natural 5 ☐ Pending	28e. DATE OF INJI (Month, Day, Y	JRY 28b. TIME O	F 28c. INJUR	ry AT	6 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCU	RED				
	2 Accident Investigation 3 Suicide 8 Could not a 4 Homicide determined	28a. PLACE OF IN building, etc.	JURY — At home, ferm, stree (Specify)			281. LOCATION (Stree City or Town, Star		Rural Rout	e Number,			
	anal .	YSICIAN: To the best of my							nd manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIF	Teslif I	APLETEO CAUSE DE DEATH (ITEM 27) (Typo, Print) DI JUNIUERSE NUMBER 29c. LICENSE NUMBER P 7-18 P 15 JUNIUERSE NUMBER P 7-18 P 15 JUNIUERSE NUMBER P 7-18						onth, Day, Year) 8 - 94			
	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	E OEATH (ITEM 27) (Type, Pri	UNIU	ERSI	TY PEWY	, BA	LT.,	MO, 21218			
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S	SIGNATURE SIGNATURE									

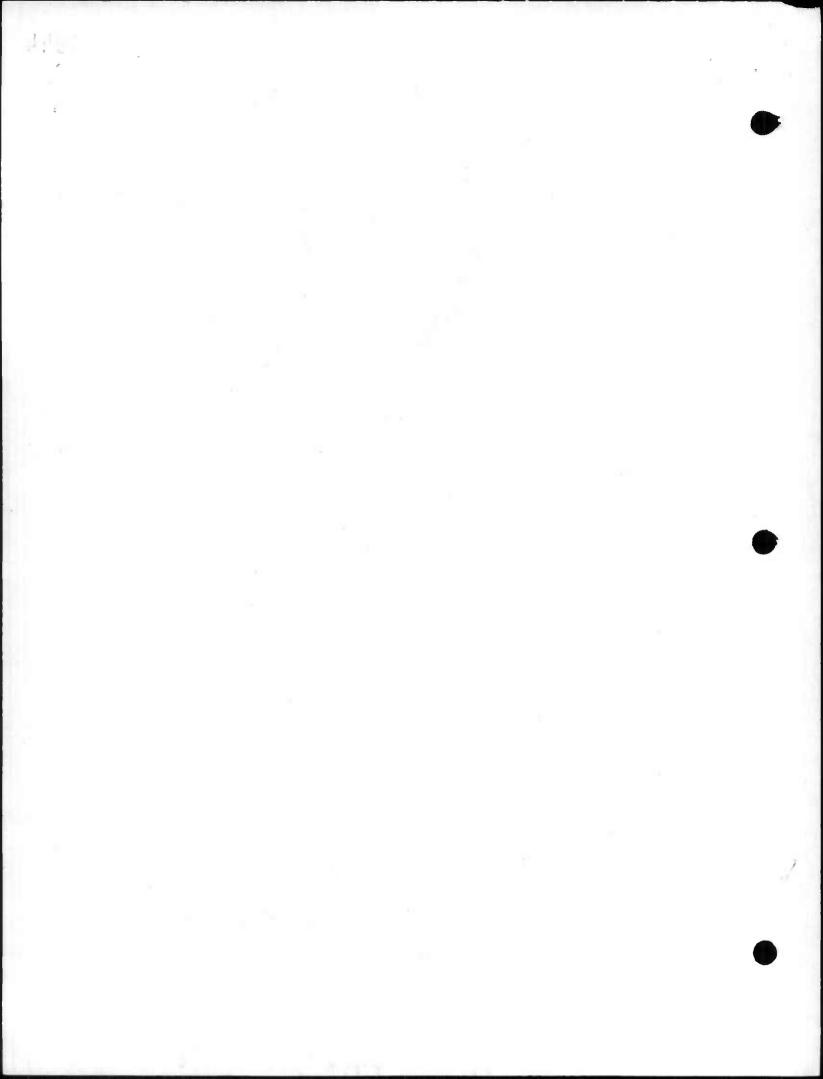


BOX	
P.O.	A
ECOR	Charles of the Control of the Contro
VITAL R	一日 日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日
P	and to have
DIVISION OF	Total Statement Sales and Sales

1	-	FOR STATE REGISTE	RAR
,	1, D	ECEOENT'S	NAN
Þ			
п			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEOENT'S NAME (First	, Middle, Last)							2. DATE OF DEATH NONTH DAY YEAR 3. TIME OF DEAT				3. TIME OF DEATN		
	Anr	na Ke	emp								July		, 199	94	11:00 am
	4. SOCIAL SECURITY NUME	BER	5. SEX	144 445	(In yrs. last	birthday)	IF UNDER		IF UNDER 24 HRS. 7. DATE OF			BIRTN			IPLACE (State or Foreign
1	214-74-0749)	1 🗌 M 2 🔀 F	9	92	YRS.	MONTHS	DAYS	HOURS	MIN,	Oct.		1901		
	9a. FACILITY NAME (# not in	nstitution, give s	treet and number)	^-			9b. CITY	, TOWN	OR LOCATI	ON OF DE				NTY OF 0	
DIRECTOR	Chapel Hill	Nurs	ing Home						Rand	la11s	stown			Baltimore	
Ä	10a. STATE	10b. COUNT				10c. CIT	TY, TOWN OR LOCATION						-	10d. INSIDE CITY	
	Maryland		Baltimo	re			Baltimore County					1 YES 2 X NO			
FUNERAL	10e. STREET AND NUMBER							10f, ZIP CODE					10g. CIT	IZEN OF	WHAT COUNTRY?
当	8301 Charme	el Driv	ve					21244 U.S.					S.A.		
15	11. MARITAL STATUS 1 Never Merried 2	Manufact	12. WAS DECEDED	T EVER I	N U.S. ARI	MED	13.	WAS DEC	ENDENT (F HISPAN	IIC ORIGIN? (S	pecify Yes	or No-	14. RACI	E — American Indian, k. White, atc.
≥ 3 ★ Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 ★ NO Specify:											Spec	*			
										Whi	te				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +)															
COMPLETED	11 th	F-12)	College (1-4 or 5	+)		Home	emake	er							
0	17. FATNER'S NAME (First, M	liddle, Last)							18. MOT	NER'S NA	ME (First, Midd	le, Maiden	Sumame)		
BEC	Thomas C	Gaitle	y Dever	eaux]	E11a	Smit	h			
	19e. INFORMANT'S NAME (Type/Print)			198	. MAILING	ADDRES	S (Street a	ind Number	or Rural F	Route Number,	City or Town	n, State, Zij	p Code)	
2	Mrs. Ann De	eming			83	301 (Charr	nel 1	Drive	e Ba	altimo	re, l	MD :	21244	4
20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of												ON — City or Town, State			
1 to Burial 2 Cremation 3 Removal from Stata Cemetery, crematory or other place New Cathedral Cemetery 7/18 Baltimore											ore (re City, MD			
	21. SIGNATURE OF UNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
3	Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133														
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.														
	immediate cause (Fir		List only one car	use on a	ach line.			A				1			Interval Batween Onset and Death
	disease or condition resulting in dasth)	→	•		'are	mo	OT CAL	da) (26	elen	E			
	resulting in Gastil)	•	DUE TO	OR AS	CONSEC	UENCE O	F):			1 /	1				
Z	Sequentisity list condit	iona C	b			Can	die	C	an	lejt	tug				
CERTIFICATION	if sny, leading to imme	diate	DUE TO	(OR AS A	CONSEC	UENCE O	F):	0	- 1		11	1	ens?	516	
	CAUSE (Disease or inju	iry	c	OR AS A	CONSEC	UENCE O	Egrily.	wally	arl	1	Tree	07()		1.3	
E	resulting in dasth) LAS	т		(011 710 7		SENOE O	,	0							į
S		-	d					-							
AL	PART II. Other significa	4 0	41	desth b	ut not re	sulting	in the ur	ndariying	g causa g	given in	Part I. 24	e. WAS AN		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL		We		055	- 6		1				1	YES 2			COMPLETION OF CAUSE OF DEATH?
M		****	Chrice.	Kin	hill	THE	Tu	PA	dist		_				1 _ YES 2 _ NO
Z			Arrhand	7			1	U							
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				OTHE		ACE OF D	EATH (Che	eck only one)				
YS	1 ☐ YES 2 NO		1 Inpatient 2	ER/Outp	oatlant 3	□ DOA			e 5 □ Re	eldence	6 Other (Sp	oecffy)			
H	27. MANNER OF DEATN 1 Matural 5	Pending .	26a. DATE Of (Month, L			28b. TIM INJ	E OF URY		RK?		28d. DEŞCRI	BE NOW I	NJURY OC	CURED	
B	2 Accident	Investigation					M		YES 2	NO					
		Could not be determined	28a. PLACE (building	otc. (Spec	— At hor cify)	ne, ferm, :	street, fact	tory, offic	•			ON (Street a own, Stete)	and Number	r or Rural I	Route Number,
Ē	an OFFICIEN	_	!												
COMPLETED			CIAN: To the beat or												
00	2 MEO	-		xaminatio	n end/or l	rvestigatio	n, in my c	opinion, d	eath occur	red at the	time, date and	l place, en	d due to ti	ha ceuse(a	a) and manner as stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	iden		1	2				ENSE NUM		2		E SIGNED	(Month, Day, Year)
2	20 NAME AND ADDRESS OF	E DEDOON VIII	0.00001	or e	γ (/ (/			1	1-6	260	1	P +	116	194
1	30, NAME AND ADDRESS OF	UB En		D E	ATN (ITEN	17. P	Print)	44	5 Fo	RNE	260 CEBA	ANCE	1 R	d Ge	en Bune Syl
	31. DATE FILED (Month, Day,	_	32. REGISTR	AR'S SIGN	URE	U.			, ,	- 7		1. 000		1101	
1	■ JUL 191	334	1		1	-							-	106	10



1 - STATE REGISTRAR

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							3. TIME OF DEATH			
	Herman Richau	d Lins									
- 1	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HRS.	2. DATE OF DEATH MONTH DAY JULY 16 1994 7.05 P. M 1. BRS. 7. DATE OF BIRTH (Morth, Day, Warr) JULY 09 1909 OF DEATH 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY LIMITS' 1					
	220-01-0436	1 🔀 M 2 🗆 F 8	S HOURS MIN.			The state of the s					
· cc											
0	RESIDENCE OF DECEDENT Phoenix Baltimore										
TO THE FUNEVAL UNECTURAL TABLE THIS CHARGE HAS Deen Signed by the attending physician and completely filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. Cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INS										
=						2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH 7:05 P. M 7					
		timore		hoenix							
₩.					101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
Herman Richard Lin 4. SOCIAL SECURITY NUMBER 2.20-01-0436 9. FACILITY NAME (II not institution, give street and num 14210 Phoenix Avenu 14210 Phoenix Avenu RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland 11. MARTIAL STATUS 12. WAS DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S EDUCATION (Specify only highest grade completed) 17. FATHER'S NAME (First, Middle, Last) John Conrad Lins 190. INFORMANT'S NAME (First, Middle, Last) John Conrad Lins 190. INFORMANT'S NAME (Type/Print) Mrs. Mary Frances Lins 200. METHOD OF DISPOSITION (Specify only highest failure. List only only highest	Avenue, West			21131		US	A				
ا جُ		12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED			2. DATE OF DEATH DAY JULY 16 1994 7:05 P. M					
		IF YES, GIVE WAR OR D)				
	3 Widowed 4 Divorced							White			
			18a. DECEDENT'S			16b. KIND OF	BUSINESS/INDUS	TRY			
<u> </u>		College (1-4 or 5+)	life. Do NOT us	se retired.)	most or working	- 1					
4P	7		Shovel	Operat	or	Gran	ite Bus	iness			
O	17. FATHER'S NAME (First, Middle, Last)			-77	18. MOTHER'S NA	ME (First, Middle, Ma	iden Surname)				
	John Conrad Li	ns			Laura	Virginia	Diete	DEELC			
			195 MAII ING	ACORESS (Star							
5	THE COLUMN TWO IS NOT THE OWNER.	lino									
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 1. DE 1			b. PLACE AND DATE (metery, crematory or o		I (Name of	1137 20 1	LOCATION — CIT	y or Town, State			
		Du	ilaney Va	lley M	em. Grans	119 20 1	Timo	nium, MD			
						AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED					
							-				
- 0	22 BAST Enter the discourse of smallesters that are discoursed in the control of the control o										
	ahock, or heart fallure.	List only one cause on a	sch line.	not enter the	mode of dying, auc	n as cardiac or r	eapiratory arres				
			0	10 0.	2. DATE OF DEATH ANY YEAR 3. TIME OF DEATH YUNY 16 1994 7:05 p. Mary 1000 pt. Mary Mary 1000 pt. Mary Mary 1000 pt. Mary						
		a	mall ce	il Ca	- 7 lun	9					
		DUE TO (OR AS	A CONSEQUENCE O	F):	(d)	1					
z	- malegoon devent and										
은	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
8	cause. Enter UNDERLYING	c.									
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
F	resulting in death) LAST										
8											
A	PART II. Other significant condition	s contributing to death t	out not resulting	In the underly	ying cause given in						
2							0000	COMPLETION OF CAUSE			
	-			_							
	DID TORACCO LISE	CONTRIBUTE TO	CALISE OF	DEATH	VES I NO			1 123 2 100			
AN		CONTRIBUTE TO	CAUSE OF								
[]	EXAMINER?	HOSPITAL:		OTHER:							
<u>₹</u>		1 Inpetlant 2 ER/Out									
표		(Month, Day, Year)	28b. TIM	IE OF 28c.		28d. DESCRIBE HO	OW INJURY OCCUP	RED			
≥	The state of the s			M 1 [YES 2 NO						
0	3 Suicide s Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, set, (Specify)										
쁜	4 Homicide datermined						,				
1 1		CIAN: To the heat of my know	rladna daeth occurr	ad at the time	data and place, and due	to the country and					
Σ	onel										
8			- Investigation	n, in my opinio	n, death occured at the	time, date and place	i, and dua to the c	sause(a) and manner as stated.			
ш	29b. SIGNATURE AND ATTEMPT CENTIFIED				29c. LICENSE NUI	MBER	29d. DATE S	/-			
- 1	Tien	7/			27900		7	1817			
ř	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF OF	EATH (ITEM 27) (Type	. Print)							
	John H. Eppler,	M.D. 120	Sister P	ierre I	rive. Tow	son. MD	21204				
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	TATURE			Jones III					
	1111 1 9 1994	Lew Denies	-P. 1.18								

8/10/0

.

.

. .

	.5
S	- 5
$\overline{}$	8
S	-
-	2
N	-
0	4
ш	9
Z	- 2
d	-
-	£
_	3
>	£
α	13
a	3
2	5
2	8
-	9
III	-
~	6
4	E
0	ce
ĕ	9
2	6
-	Ω,
ь.	
_	4
d	4
BALTIMORE, MARYLAND 21215-	-
-	ě
	-67
	8
	_8
7	
-	4
0,	with
,09	1 with
1,092	and with
8760,	sitted with
68760,	carrind with
(68760,	expectfact with
X 68760,	a experited with
OX 68760,	he executed with
30X 68760,	ate he executed with
BOX 68760,	icate he executed with
BOX 68760,	tificate he executed with
O. BOX 68760,	extificate he executed with
O. BOX 68760,	certificate he executed with
P.O. BOX 68760,	ath certificate he executed with
, P.O. BOX 68760,	leath certificate he executed with
S, P.O. BOX 68760,	death certificate he executed with
DS, P.O. BOX 68760,	the death certificate he executed with
3DS, P.O. BOX 68760,	the death certificate he executed with
RDS, P.O. BOX 68760,	hat the death certificate he executed with
ORDS, P.O. BOX 68760,	that the death certificate he executed with
CORDS, P.O. BOX 68760,	se that the death certificate he executed with
CORDS, P.O. BOX 68760,	sine that the death certificate he executed with
IECORDS, P.O. BOX 68760,	ansiers that the death certificate he executed with
RECORDS, P.O. BOX 68760,	ramines that the death certificate he executed with
- RECORDS, P.O. BOX 68760,	we requires that the death certificate he executed with
L RECORDS, P.O. BOX 68760,	law ramines that the death certificate he executed with
AL RECORDS, P.O. BOX 68760,	law ramines that the death certificate he executed with
TAL RECORDS, P.O. BOX 68760,	The law ramines that the death certificate he executed with
'ITAL RECORDS, P.O. BOX 68760,	N. The law requires that the death certificate he executed with
VITAL RECORDS, P.O. BOX 68760,	AM. The law remires that the death certificate he executed with
VITAL RECORDS, P.O. BOX 68760,	ICIAN: The law remires that the death certificate he executed with
P VITAL RECORDS, P.O. BOX 68760,	SICIAN: The law requires that the death certificate he executed with
OF VITAL RECORDS, P.O. BOX 68760,	HYSICIAN: The law requires that the death certificate he executed with
OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate he executed with
IN OF VITAL RECORDS, P.O. BOX 68760,	DEVOKULAN. The law remines that the death certificate he executed with

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REGISTRA.

1. DECEDENT'S NAME (First, Middle L. H. REG. NO 2. DATE OF DEATH 3. TIME OF DEATH Joseph 12:15 Julu 994 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign HOURS 1 X M 2 - F VRS Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, plys 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Joseph Richey DIRECTOR 828 N Eutan RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ba 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF 10f. ZIP CODE WHAT COUNTRY? Here 2120 · S-17 burial-transit ig physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 X YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 YES 2 NO Specify: BY Black 3 Widowed 4 Divorced the SE ED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY USB E for ntary/Secondary (0-12) College (1-4 or 5+) COMPL 12th page 5 should be detached 17, FATHER'S NAME (First, Middle, Last) Ħ BE notified 190. INFORMANT'S NAME (Type/Print) State, Zip Code: 0 e 20e. METHOD OF DISPOSITION

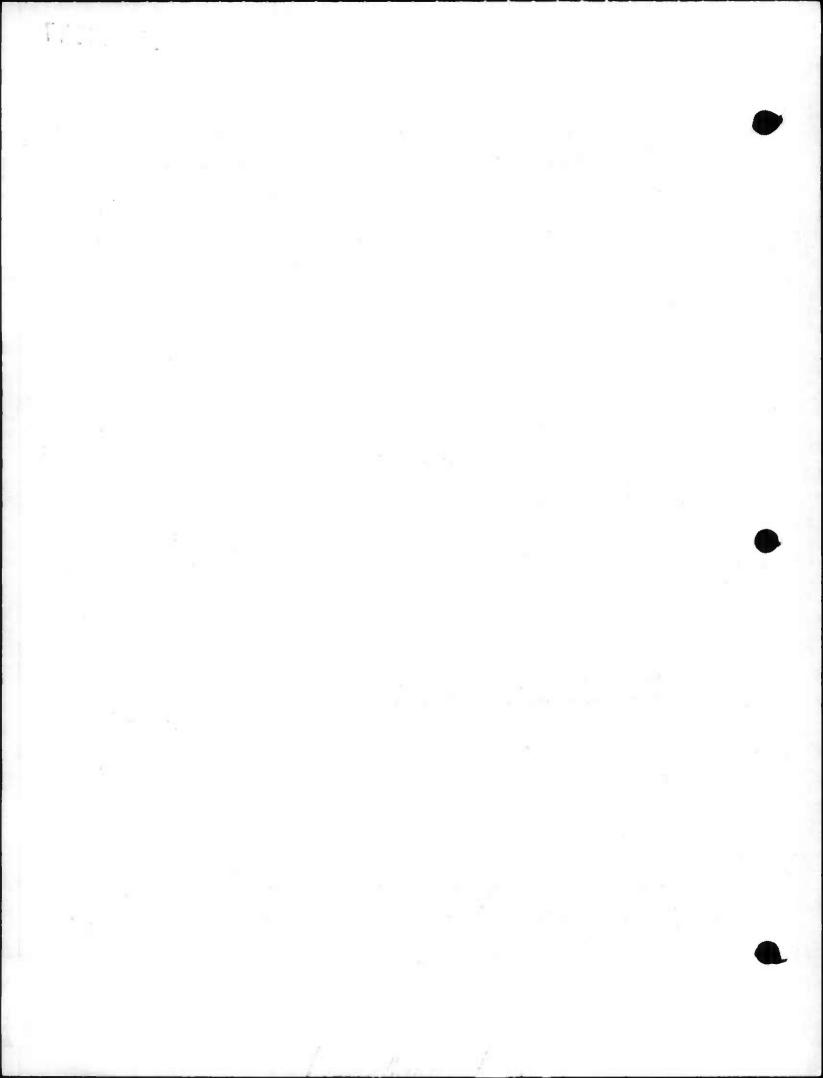
1 Suriel 2 Cremation 3 Ren

4 Donation 5 Other (Specify) 20b PLACE AND DATE OF DISPOSITION (Name of 20c_LOCATION - City or Town, State 7/21/g must funeral director. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE March March 100 the th filled in by th event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or hasrt fallure. List only one cause on each line Interval Between cremation, or IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) and completely o burial, crematic DUE TO (OR AS A CONSEQUENCE OF): ANETIA LEUKL DUE TO (OR AS A CONSEQUENCE OF): other traumatic 4 000074 LEUKO DENIA CERTIFICATION Sequentially list conditions, 101 If any, leading to immediate cause. Enter UNDERLYING physician a CACQUIRED IMITURE DE DE TO (OR AS A CONSEQUENCE OF) IMMUNODEFICIENCY SYNDROME YEALS CAUSE (Disease or Injury the attending phy Mental Hygiene that initiated events resulting in death) LAST 0 injury, o PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Health and I AMAILABLE PRIOR TO shows any URINARI HETTORRAND YES 2 NO INSUFFICIENCY COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 6 PHYSICIAN: has b. Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item certificate I EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | OOA HOSPICE 0 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked. 1 Natural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) DIVISIO OR ATTENDI 28 is 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide tem 29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my I dge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. PUNERAL WITHIN 72 HOSPITAL = 2 MEDICAL EXAMINER: On the basis of THE HUSPIT THE FUNERA Red WITH 7 PORTANT: 1 nion, death occured at the time, date end place, and due to the cause(e) and menner se stated 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Edward W. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 7-18-94 00961 EDWARD CAMPBELL 22 S. GREENE MO BALTINOISE 2/201 MIN JUL 1 9 1994 32. REGISTRAR'S SIGNATURE Savidson

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hospit	THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exclours after death. Page 6 may be retained by the hospit

	1 - FOR STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND A	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, MICHIEL LOST) ELSIE B. Lipscomb		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH						
		IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	1-1						
		ONTHS DAYS HOURS MIN.	(Month, Dev. Year)	22 September 22 State or Foreign Maryland						
		Bb. CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF DEATH						
DIRECTOR	Harbor Hospital Center Baltimore cit									
REC		TOWN OR LOCATION		10d. INSIDE CITY						
	Maryland Bal	timore		1 VES 2 NO						
FUNERAL	1341 S. Charles Street	101. ZIP CODE 21230		EN OF WHAT COUNTRY?						
UNE	1t. MARITAL STATUS t2. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	U . S IC ORIGIN? (Specify Yea or No	4. RACE — American Indian, Black, White, etc.						
ВУ Б	1 Never Married 2 Married 3 Never Married 2 Married 1 Never Married 2 Married 1 Pes, GIVE WAR OR DATES	Il yes, specify Cuben, Mexican 1 — YES 2 M NO Specify		Specify:						
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S U (Specify only highest grade completed) (Give kind of wor		16b. KIND OF BUSINESS/INDUS	White						
LET	(She kind of wo life. Do NOT use	rk done during most of working retired.)								
COMPLETED	7 0 Housew		Domestic							
	Burgie Willett	Edna	ME (First, Middle, Malden Surname)	ickerall						
TO BE			loute Number, City or Town, State, Zip C							
-			treet Baltim							
	1 Buriel 2 Cremetion 3 Removal from State	er place) Cem.	DATE 20c. LOCATION — CH							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FAC		west virgini						
	Admirl a. Tlantor	McCully Fund	eral Home ve. Balto.,Md	21230						
	23. PARV i. Enter the diseases, or complications that caused the death. Do not shock, or heart fellure. List only one cause on each line.	t enter the mode of dying, such	as cerdiec or respiratory srres	st, Approximats interval Between						
	IMMEDIATE CAUSE (Finel disease or condition	00 00	A /	Onset and Dasth						
	resulting in desth) s. 110 V 3 V 5 DUE TO (OR AS A CONSEQUENCE OF):	s. Non Small Cell Carcinoma Due to (OR AS A CONSCOUENCE OF):								
Z	Sequentially list conditions,		,	'						
ATIC	if any, isading to immediate cause. Enter UNDERLYING	EOUENCE OF):								
CERTIFICATION	CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
ERT	resulting in desth) LAST									
AL C	PART II. Other significant conditions contributing to deeth but not resulting in	the underlying ceuse given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS						
MEDIC	Chrome Obstructure Um	o Disense	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
ME	Premova - postobsty	netwe		1 C YES 2 NO						
AN	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Che	ck only one)							
PHYSICIAN:		OTHER:								
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME (Month, Day, Year)	RY WORK?	28d. DESCRIBE HOW INJURY OCCU	RED						
ВУ	2 Accident Investigation	I TES 2 NO	28I. LOCATION (Street and Number of	Rumi Brute Number						
TED	4 Homicide determined building, atc. (Specify)		City or Town, State)							
PLE	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred	at the lime, data and place, and due	to the cause(s) end menner ee stated	i.						
COMPLET	one) 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation,	in my opinion, death occured at the	time, date and place, and due to the	ceuse(s) and menner as stated.						
BE	29b. SIGNATORE AND TITLE OF CERTIFIER	29c. LICENSE NUM	BER 29d. DATE S	SIGNED (Modith, Day, Year)						
임	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, P.	rint)	0000	116199						
	Vorge Vallecillo, mo	1319 Lig	nt st. 2	1230						
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUL 1 9 1994 Fully No. 1									
	JUL 1 9 1994 Julie Tevilon Rondon			DHMH-18 Rev 1/89						



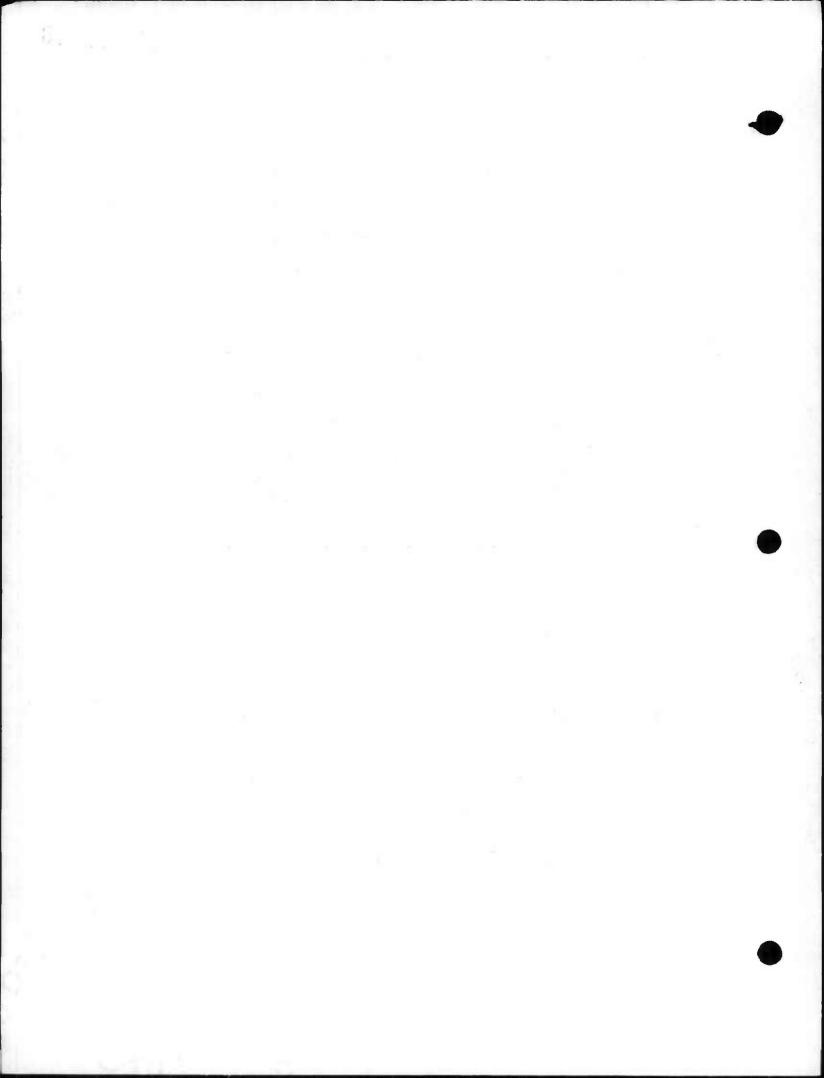
ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-713 7/22/94 t.t.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 13 1994 CHARLES LEWIS, JR. JULY 4:05 PM LEONARD 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 213-66-6494 HOURS 1 XM 2 F YRS. 6/11/52 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GREATER LAUREL BELTSVILLE LAUREL DIRECTOR Pages 1, 2, 3 PRINCE GEORGE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Towson 1 YES 2 X NO permit. FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? use as the burial-transit 928 Cromwell Bridge Rd. 21286 USA retained by the hospital or attending physician. 5 should be detached for use as the burial-trar 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 Never Married 2 Married 2 NO If yes, specify Cuben, Maxican, Puerlo Rican, etc.) 1 YES 2 TONO Specify: ВҰ Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (So Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Maintance Pro Shop - Golf Club 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Charles L. Lewis, Sr. BE Carolyn W. Ward notified page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carolyn W. Lewis 928 Cromwell Bridge Rd. Towson, MD 21286 after death. Page 6 may be 90 20e. METHOD OF DISPOSITION
1

→ Buriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town State must director, Dulaney Valley Mem. Gar. Donation 5 - Other (Specify) 7/18/94 Cockeysville, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral (Johnson Funeral Home completely filled in by the rial, cremation, or removal. 8521 Loch Raven Blvd. 21286 Towson, MD medical A DART | Enter the disesses, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory strest, shock, or heart fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Fine) Onset and Death the . IDIOPATHIC DILATED CARDIOMYOPATHY COMPLICATED BY DROWNING resulting in dasth) event, BOX 68760 QUE TO (OR AS A CONSEQUENCE OF) in and comp to burial, c executed traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING physician death certificate be prior CAUSE (Disesse or injury other signed by the attending phy Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): P.O. that initiated events resulting in desth) LAST 6 DIVISION OF VITAL RECORDS, PART II. Other significant conditions contributing to deeth but not recuiting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? requires that the MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 CTES 2 NO 1 XYES 2 | NO been ŏ has by Dept. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: HOSPITAL DR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL OTHER: 1 X YES 2 NO Inpatient 2 KER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 50 the 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED After this ce death with t marked, 1 Natural 5 Pending PM 7/13/94 3:37 1 YES 2 NO SUBJECT DROWNED ВҰ After Investigation 2 X Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 1 3820 OLD GUNPOWDER RD. DIRECTOR: An hours after de ltem 28 is n 3 Sulcide 8 Could not be 4 Homicide LAUREL, SWIMMING POOL TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECT De filed within 72 hours at IMPORTANT: If Item 2 COMPLET 29e. CERTIFIER
(Check only one)

2 Settiff ING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 JULY 14,1994 O.C.M.E. 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TER 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 DAVID PULLER MO

32. REGISTRAR'S SIGNATURE



FOR STATE REGISTRAR

	- 6
60,	within
BOX 687	executed
×	9
80)	cate
Ö	certifi
٥	eath
S	9
7	#
ō	4
RECORDS, P.O.	quires
Œ	≥
7	fo
Ţ	F
OF VI	PHYSICIAN:
DIVISION OF VITAL I	ATTENDING
5	뜡
	SPITAL
	본
	2

		Anna	Kozel						MONT	of DEATH	1994	YEAR	8:00pm
9			5. SEX 1 M 2 1 F	GE (In yrs. 97	lasi birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon	OF BIRTH th, Day, Year)	397	Country	LACE (State or Foreign
2, 3 should	СТОВ	98. FACILITY NAME (If not institution, give stree Potomac Valley Nur RESIDENCE OF DECEDENT				96. cm Rock		OR LOCATION OF D				TY OF DE	
it. Pages 1,	DIREC	10e. STATE 10b. COUNTY Maryland Montgo	mery		10c. CITY	kvil		ATION					10d. INSIDE CITY LIMITS?
nsit perm	FUNERAL	#2 Monument Court						01. ZIP CODE 20850			USA		IAT COUNTRY?
the burial-tra	B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 X			WAS DE	CENDENT OF HISPAI pecify Cuban, Maxica S 2 2 NO Specifi	in, Puarlo	N? (Specify 'Rican, etc.)	Yea or No-	14. RACE Black, Specify	
for use as	LETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Sepondary (0-12)	TION impleted) College (1-4 or 5+)	- /	DECEDENT'S (Give kind of w	ork done e retired.)	during m	nost of working			BUSINESS/INDI	JSTRY	
Jetached Jnce.	OMP	17. FATHER'S NAME (First, Middle, Last)		LIE	aning	Sup	erv.	18. MOTHER'S NA			overnme	ent	
ould be	BE	Stefan Demko 19a. INFORMANT'S NAME (Type/Print)			19h MAILING	AOOBES	C /Ctmat	Mary Du	bina	L			
age 5 sh be noti	01	Edmund Swasey		#	2 Monu	men	t C	ourt, Roc	kvil	le, M	arylar	nd 20	
ral director, pi		1 XBurial 2 Cremation 3 Ramovi 4 Donation 5 Other (Specify)	N		HOPE	Cem	etei	су			ton, M		chusetts
he funeral rai.		21. SIGNATURE OF FUNERAL SERVICE LICEN AMUL MANY	Park	_		I.	ves-	nd aboress of fa -Pearson ngton VA	Fune		lomes		
ompletely filled in by the cremation, or remover event, the medical		23. ART i. Enter the diseases, or conshock, or heart failure. List immediate CAUSE (Final disease or condition resulting in death)	Phermo	n each III	death. Do none.	ot enter	the m	ode of dying, suc	h sa can	diac or rea	piratory arre	eat,	Approximata Interval Between Onset and Death
en signed by the attending physician and completely filed in by the funeral director, page of Health and Mental Hyglene prior to burial, cremation, or removal. MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		ONSEQUENCE OF):										
	MEDICAL	PART II. Other algorificant conditions Conquitive her Dementia			resulting in	n the ur	ndertyin	ng cause given in	Part i.		AN AUTOPSY ORMED? 2 NO	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
State De State De Item 2	SICIA		IOSPITAL:	hitestiest	3	OTHE	R:	LACE OF DEATH (Ch					
	۵.	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea	RY	28b. TIME OF SC. INJURY AT WORK? M 1 YES 2 NO			JURY AT ORK?	28d. DESCRIBE HOW INJURY OCCUREO				
ECTOR: After dear 28 is m		2 Accident Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								ite Number,			
: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be reach with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	COMPLE	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:											and manner as stated.
TO THEFU be field SMPOFF	O BE	296. SIGNATURE AND TITLE OF CENTURER	Julie	u				29c. LICENSE NUM		3			forth, Day, Year) 12-94
11.		Sidhen J-		7, D,	121	Print)	gra	nional La	the,	Roch	ville	MD	20952
7		JULT 9 1994 Ju	132 AEGISTRAR'S S	Ande	22_								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

er -

_	
0	
9	
00	
9	
-	
\times	
0	
~	
•	
\circ	
\sim	
0	
ш.	
S	
0	
Œ	
0	
9	
O	
ш	
-	
Œ	
=	
Q	
-	
_	
>	
ш	
0	
_	
7	
~	
O	
=	
U)	
_	
-	
=	

BALTIMORE, MARYLAND 21215-0020	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within — fours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT	OF HI	EALTH A	AND N	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) Thomas	Leo	Macfarl					2. DATE	of DEATH	1994	YEAR	3. TIME OF DEATH 8:10 P. M	
	4. SOCIAL SECURITY NUMBER 212-38-4495	111111111111111111111111111111111111111	(in yrs. lest birthday) 54 YRS.	IF UNDER	YEAR DAYS	IF UNDER 24	4 HRS. MIN.	7. DATE (Mont) May	о г виятн 5,194()	8. BIRTH Count MAI	PLACE (State or Foreign YLAND	
OB	90. FACILITY NAME (If not institution, give St. Joseph		96. CITY, TOWN OR LOCATION OF DEATH TOWSON						9c. COUNTY OF DEATH BALTIMORE				
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MARYLAND BAL	TIMORE	10c. CITY, TOWN OR LOCATION SPARKS							10d. INSIDE CITY LIMITS? 1 YES 2 NO			
ERAL	100. STREET AND NUMBER 15018 Pricevi	lle Road		10f. ZIP CODE 21152						1171	USA	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	H	yee, spec	NDENT OF city Cuben, 2 2 NO	Mexicar	, Puerto I	I? (Specify Yee Rican, etc.)	or No-	14. RACI Blac WHI	E — Americe <i>n</i> Indien, k, White, etc.	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12) 1.2	College (1-4 or 5+)	16e. DECEDENT'S (Give kind of v itto. Do NOT us Contra	vork done di e retired.)	CUPATION uring most	of working		16b	. KIND OF BUS			tion	
BE COM	17. FATHER'S NAME (First, Middle, Last) William Mitcl	hell Macfarla							Middle, Meiden	Sumame)			
2		n Macfarlane							erks,				
	20e_METHOD OF DISPOSITION 1		b.PLACE AND DATE of metery, crematory or of Gunpowder	her place)			ery	ST LUL)	cation –			
	Martin D.	- Lawson]	LO W	on-Mi	ltch	ell-	Wiedef	eld,	Inc		
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceueed the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								Approximate interval Between Onset and Death 10 kcs 173-				
MEDICAL	PERFORMED? 1 YES 2 NO 1 YES 2 NO 1								AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO	HOSPITAL:		OTHER	28. PLA	CE OF DEA		ck only on		· · · · · · · · · · · · · · · · · · ·			
BY PHY	27. MANNER OF DEATH 1 Return 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM		Nursing Home 5 Residence 8 Other (Specify)								
3	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, fectory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Rout City or Town, State)							loute Number,					
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.									end manner ee stated,			
# H	296. SIGNATURE AND TITLE OF CERTIFIE	10				29c. LICEN	SE NUM			29d. DAT	/ 1	(Month, Day, Yeer)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Lee Robbins, M.D., 1205 York Rd., Lutherville, MD 21(31. DATE FILED (Month, Day, Year) JUL 1 9 1994 JUL 1 9 1994 JUL 1 9 1994								2109	3				

02677 13

- parage - peaking

45

BALTIMORE, MARYLAND 21215-0020

0 DIVISION OF VITAL

DA	9
0	after
	OURS
	D
00,	within
1001	executed
5	8
P.O. BOX 66/60	certificate
-	death
Š	the
2	that
おもしつおいろ	requires
j	MP
1	The
LAL	G PHYSICIAN:
	PHY
DIVIDION	OR ATTENDING
5	S.
-	4

TO THE PAREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be controlled to use as the bunal-transit permit. Pages 1, 2, 3 should be funerally with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. eath. Page 6 may be retained by the hospital or attending physician.

	FOR
	1 - STATE REGISTRAR
ì	1. DECEDENT'S NAME
	MILDI
ı	4. SOCIAL SECURITY
	219 07
	90. FACILITY NAME (#
	Harbon
	RESIDENCE OF
	10e. STATE
	Maryland
	10e. STREET AND NUI
	520 Ba1
	11. MARITAL STATUS
	1 Never Married
	3 🔀 Widowed 4

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

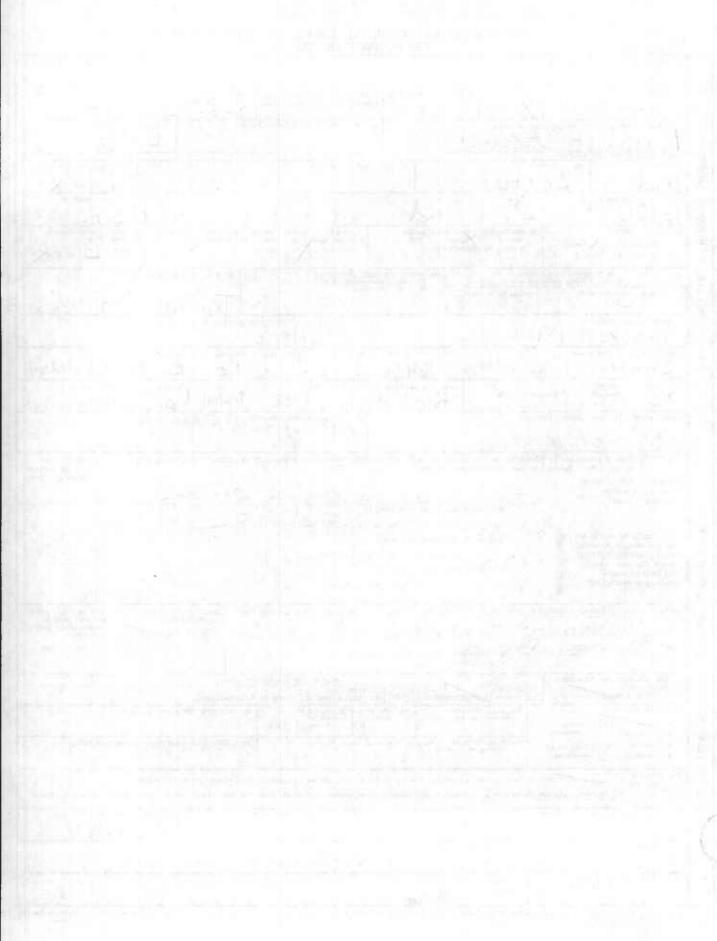
_	712010110111					/			EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			_				2. DATE OF D			5.50	3. TIME OF DEATH
	MILDRED A MA	1501						MONTH	15		PLAN	1000 AM
			GE (In yrs. lest	hirthrian)	IF UNDER 1 YE	AR	IF UNDER 24 HRS.	7. DATE OF B	7 400	-		PLACE (State or Foreign
		1 M 2 K F		YRS.			HOURS MIN.	(Month, Day	(Year)		Country)
			75	THS.			4155	11/27	7/191	18	Vir	ginia
	9e. FACILITY NAME (If not institution, give street						LOCATION OF DE	EATH		9c. COU	NTY OF DE	ATH
뜻	Harbor Hospital	Center			Balt:	mo	re			===	====	=
ĔΙ	RESIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUNTY			10c. CITY	, TOWN OR L	OCATIO	ON					10d. INSIDE CITY
5	Maryland ====	====		Ra	ltimor	٠,						LIMITS? 1X YES 2 NO
	10e. STREET AND NUMBER			Du	10111101	_	ZIP CODE			40- OIT	TEN OF W	HAT COUNTRY?
¥						101.						
FUNERAL	520 Baltic Avenu						21225			U	J.S.A	•
₽		12. WAS DECEDENT EVEN FORCES? 1 1 1	ER IN U.S. ARK	ED	13. WAS	DECE	NDENT OF HISPAN	HC ORIGIN? (Sp	ecify Yes	or No	14. RACE	American Indien, White, etc.
	1 Never Married 2 Merried	IF YES, GIVE WAR O	R DATES				cify Cuben, Mexice 2-12 NO Specifi		, atc.)		Specif	
B	3 🔀 Widowed 4 🗌 Divorced						A					White
COMPLETED	15. DECEDENT'S EDUCAT		16a. DEC	EDENT'S	USUAL OCCU	PATION	N	16b. KINI	D OF BUS	INESS/INC	DUSTRY	***************************************
L .	(Specify only highest grade co		(Git	e kind of w Do NOT us	vork done durin e retired.)	g most	t of working					
2	Elementery/Secondary (0-12)	College (1-4 or 5+)	Nu	rse	biA			HO	mo H	lea1t	h	
X	17. FATHER'S NAME (First, Middle, Last)		110	100	1110	_					.11	
8						- 1	18. MOTHER'S NA					
H	Ge	orge Wash	ington	Via			Mil	ldred	Reyn	olds		
10	t9a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (St	reat en	d Number or Rural	Route Number, C	ity or Town	n, State, Zip	Code)	
F	Fay Alascia		90)5 Va	nderw	boc	Road	Balti	more	a. Ma	arv1a	nd 21228
1	20e. METHOD OF DISPOSITION		20b. PLACE A					OATE			City or Tox	
	t	al from State	compton: one		thes efeecel			1				
	21. SIGNATURE OF FUNERAL SERVICE LICEN		Gren	laver	n Memo	ria	al Park	1//19	Gle	n Bu	rnie	, Maryland
	21. SIGNATURE OF FOREAL VERVICE LICEN	ISEE (22. NAME AND ADORE									
	-C. Kuka	4/50	ton	George J. Gonce Funeral Home P. 4001 Ritchie Hwy. Baltimore, Mo								
	23. PART I. Enter the diseases, or cor	molications that are	and the dea	th Day	T400.	I K	itchie	HWY I	salt:	Lmore	e, Ma	
l	shock, or heart failure. Lis	at only one cause of	n each line.	itii. OO ii	or enter the	mod	e or dying, adc	n ma cardiac	or reapi	ratory an	reat,	Approximata interval Between
	IMMEDIATE CAUSE (Final		_									Onset and Death
	disease or condition resulting in death)	CVA OF (D) PAG	D PARLETAL FRONTAL TEMPORAL LOSSES & RETRONTAL								6
	, , ,	DUE TO (OR	AS A CONSEO	CONSEQUENCE OF)								
2												
ō	Sequentially list conditions,	DUE TO (OR	AS A CONSEO	UENCE OF):					-		
AT	if any, leading to immediate cause. Enter UNDERLYING											İ
CERTIFICATION	CAUSE (Disease or injury	DUE TO (OR	AS A CONSEO	A CONSEQUENCE OF):							·	
Ē	that initiated events resulting in death) LAST			INSECUENCE OF):								i l
與	d											
	PART II. Other aignificant conditions	contributing to dea	th but not re	aulting i	n the under	lvina	cause given in	Part I. 24a	WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
EDICAL						73			PERFOR			AVAILABLE PRIOR TO
ă								1	YES 2	₽ NO		COMPLETION OF CAUSE OF DEATH?
¥								_				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		_			8. PLA	CE OF DEATH (Ch	eck only one)				
잃내	EXAMINER?	HOSPITAL:	Output at a	- aaa	OTHER:		- 5 -					
¥ I	27. MANNER OF DEATH	28e, DATE OF INJU					5 Residence					
ᇵ		er)	26b. TIMI	URY 280	WOR		28d. DESCRIE	d. DESCRIBE HOW INJURY OCCURED				
	1 Netural 5 Decides				M 1		ES 2 NO					
≥	1 Natural 5 Pending 2 Accident Investigation			home, farm, street, factory, offica			281. LOCATION (Street and Number or Rural Route					
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJ	URY — At hon	ne, ferm, s	moet, rectory,						Ur nurer n	oute Number,
	2 Accident Investigation	28s. PLACE OF INJ building, atc. (URY — At hon 'Specify)	ne, farm, s	moet, rectory,			City or Tox	vn, Stete)		or horer n	oute Number,
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	building, atc.	'Specify)					City or Tox				oute Number,
	2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA)	AN: To the best of my k	Specify)	th occurre	ed at the time,			City or Too	end men		ted.	
	2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA)	AN: To the best of my k	Specify)	th occurre	ed at the time,			City or Too	end men		ted.	
COMPLETED	2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA)	AN: To the best of my k	Specify)	th occurre	ed at the time,	on, de		to the cause(e)	end men	d due to ti	ted. he ceuse(e)	
BE COMPLETED	2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	AN: To the best of my k	Specify)	th occurre	ed at the time,	on, de	ath occured at the	to the cause(e)	end men	d due to ti	ted. he ceuse(e)	end manner ee stated.
TO BE COMPLETED BY	2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	AN: To the best of my k	nowledge, des	th occurre	n, in my opini	on, de	ath occured at the	to the cause(e)	end men	d due to ti	ted. he ceuse(e)	end manner ee stated.
BE COMPLETED	2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	AN: To the best of my k	nowledge, des	th occurre	n, in my opini	on, de	ath occured at the	to the cause(e)	end men	d due to ti	ted. he ceuse(e)	end manner ee stated.
BE COMPLETED	2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 20b. SIGNATURE AND TITLE OF CERTIFIER 20c. MEDICAL EXAMINER:	AN: To the best of my lead on the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best	nowledge, des	th occurre	n, in my opini	on, de	ath occured at the	to the cause(e)	end men	d due to ti	ted. he ceuse(e)	end manner ee stated.
BE COMPLETED	2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	AN: To the best of my k	nowledge, des	th occurre	n, in my opini	on, de	ath occured at the	to the cause(e)	end men	d due to ti	ted. he ceuse(e)	end manner ee stated.

1000 10

S
-
N
-
2121
-
Z
7
LAND
>
Œ
MAR
2
2
ED.
TIMORE
Off
$\overline{}$
0
5
-
1
BAL
-
00

$\overline{}$
-
95
0
BOX 68760
-
-
00
400
W)
×
-
0
00
P.0.1
-
0
46
S
0
000
RECORDS
0
0
11
$\mathbf{\circ}$
ELL
-
OC.
_
1
-
_
VITAL B
Sec.
0.0
-
0
_
Z
=
=
4.0
(J)
_
VISION
=
-

TO DEED THE DESIGNATION OF DEATH SECURITY WAS GIVEN AND NUMBER OF DESCRIPTION OF BUSINESS AND SOCIETY. TOWN OR LOCATION OF DEATH SECURITY WAS AND NUMBER OF THE STATE OF THE S		1. DECEDENT'S NAME (First, Middle, Last)	MCC		ICATE OI		2. DATE OF DEATH MONTH	AY YEA	
BUDDING THE ANALY PROPERTY COME SHOWN OF DEATH SEARCH (For Institution of Beath Search		FRANT H					7 1	-	
TI. MANTAL ETATUS 11. NAVEL DECEMBER OF DECEMBER 12. WAS DECEMBER OF WHAT COIN 13. WAS DECEMBERT OF HISPANIC ORIGIN? (Specifly Yes or No		192-44-4369					(Month, Day, Year)		PITHPO CE (State or Foreign or Fo
The STREET AND NUMBER 109. CTIZEN OF WHAT COUNTY 11. MANTAL STATUS 11. MANTAL STAT	OR	Pa. FACILITY NAME (II not institution, give a	asputal		9b. CITY, TOWN	OR LOCATION OF E	DEATH	9c. COUNTY O	POEATH
THE STREET AND NUMBERS 109, STREET AND NUMBERS 109, CITIZEN OF WHAT COUNTY 100, CITIZEN OF WHAT COUNTY 100, WAS DECEDENT SEDICATION 11 WAS DECEDENT OF HISPANIC ORIGINT, (Specify Vise or No— 11 12, WAS DECEDENT OF HISPANIC ORIGINT, (Specify Vise or No— 11 12, WAS DECEDENT SEDICATION 11 YES 2 NO YES NOW, YES NOW	IRECT	The second secon	140	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
Specify Spec		1911 600	c Cidal	Rd	1	of. ZIP CODE	14	10g. CITIZEN C	1 ☐ YES 2 NO
15. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPATION 16. KIND OF BUSINESS/HDUSTRY 16. DECEDENT'S USUAL OCCUPATION 16. DECEDENT'S		11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, a	pecky Cuban, Maxie	can, Puerto Rican, etc.)	В	nerth: [2]
ElementarySecondary (0-12) College (1-4 or 5 v)	ED	15. DECEDENT'S EDU	CATION (COMOSterial)	16a. DECEDENT'S	USUAL OCCUPAT	TION most of working	16b. KIND OF BU	SINESS/INDUSTR	Diaci
196. MAILING ADDRESS (Street, and Mumber of Rugal Route Stumber City or Town) State, Etg Code) 206. METHOD OF DISPOSITION 1 Planted 2 Cremation 3 Removal from State 206. PLACE AND DATE of DISPOSITION (Nother) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART II. Enter the diseases, or complete tions that ceused the desth. Do not enter the mode of dying, auch as cerdiac or respiratory street, inter other fellows. List only one cause on each line. 10. MEDIATE CAUSE (Final disease or conditions that ceused the desth. Do not enter the mode of dying, auch as cerdiac or respiratory street, inter other diseases or conditions. 24. DUE TO (OR AS A CONSEQUENCE OF): 25. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST 26. DUE TO (OR AS A CONSEQUENCE OF): 27. AND ADDRESS (Street, and Mumber City or Town). State State Support of Planter of Planter or Town, State State Support of Planter or Planter or Town, State State Support of Planter or Plant				life. Do NOT u	ee retired.)	not of working	Trinit	V G	eriatric
The MAILING ADDRESS (Street, and Number or Rupal Route Burnous, City or Town), State 2cq Code) 20s METHOD OF DISPOSITION 1 Sported 2 Cremation 3 Removal from State 20s METHOD OF DISPOSITION 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A PUBLIC AND AT THE STREET 22. NAME AND ADDRESS OF FACILITY A PUBLIC AND AS A DUBLIC AND AS A DUBLIC AND AS A DUBLIC AND AS A DUBLIC AND AS A DUBLIC AND AS A DUBLIC AND AS A DUBLIC AND AS A DUBLIC AND AS A DUBLIC AND AS A DUBLIC AND AS A DUBLIC AND AS A DUBLIC AND AS A DUBLIC AND AS A CONSEQUENCE OF): 23. PART I. Enter the diseases, or complications that ceused the desth. Do not enter this mode of dying, such as cerdiac or respiratory street, shock, or heart fellural List only one cause on each line. DUE TO (OR AS A CONSEQUENCE OF): 24. DUBLIC TO (OR AS A CONSEQUENCE OF): 25. DUE TO (OR AS A CONSEQUENCE OF): 26. DUBLIC TO (OR AS A CONSEQUENCE OF): 27. DUBLIC TO (OR AS A CONSEQUENCE OF): 28. DUBLIC TO (OR AS A CONSEQUENCE OF): 29. DUBLIC TO (OR AS A CONSEQUENCE OF): 29. DUBLIC TO (OR AS A CONSEQUENCE OF): 20. DUBLIC TO (OR AS A CONSEQUENCE OF): 20. DUBLIC TO (OR AS A CONSEQUENCE OF): 21. DUBLIC TO (OR AS A CONSEQUENCE OF): 22. AWAS AN AUTOPSY PERFORMED? 23. DUBLIC TO (OR AS A CONSEQUENCE OF): 24. WERE AUTOPSY PERFORMED? 24. WERE AUTOPSY PERFORMED? 24. WERE AUTOPSY PERFORMED? 25. AMAILINE SURface AUTOPSY PERFORMED? 26. DUBLIC TO (OR AS A CONSEQUENCE OF): 26. DUBLIC TO (OR AS A CONSEQUENCE OF): 27. AMAILINE SURface AUTOPSY PERFORMED? 28. DUBLIC TO (OR AS A CONSEQUENCE OF): 29. DUBLIC TO (OR AS A CONSEQUENCE OF): 20. DUBLIC TO (OR AS A CONSEQUENCE OF): 20. DUBLIC TO (OR AS A CONSEQUENCE OF): 20. DUBLIC TO (OR AS A CONSEQUENCE OF): 21. DUBLIC TO (OR AS A CONSEQUENCE OF): 22. AMAS AN AUTOPSY PERFORMED? 23. DUBLIC TO (OR AS A CONSEQUENCE OF): 24. WERE AUTOPSY PERFORMED? 25. DUBLIC TO (OR AS A CONSEQUENCE OF): 26. DUBLIC TO (OR AS A CONSEQUENCE OF): 26. DUBLIC TO (OR AS A CONSEQUENCE OF): 27. DUBLIC	ш	17. PATHER'S NAME (First, Middle, Lash)	1c Cullen					Surname)	
Control of Souther (Specify) Control of the		Shirty M	ccullen	196. MAILING	ADDRESS (Street	and Number or Rupe	I Route Mumber City or Tox	State Zig Code,	md 2121
23. PART I. Enter the diseases, or complications that coused the desth. Do not enter the mode of dying, such as cerdisc or respiratory errest, shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or		1 Deputies 2 Cremation 3 Rem	ovel from State 20th	PLACE AND DATE	piace)	140	17/ 1 1	anda	11.1.
23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, auch as cerdiac or respiratory errest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR		21. SIGNATURE OF FUNERAL SERVICE LICE Bemand D	Johnson	,	1 4	AND ADDRESS OF F CH FUN D WAB!	PRAL HOME	- WES	MO 2121.
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. **Noting not and Happeners** **Declaration** **Declara		shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	implications that coused List only one cause on ea	the desth. Do i	not enter the m	ode of dying, au	ch as cerdiac or resp	iratory srrest,	Approximst Interval Bat Onset and
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MC/15 nc nd to Declar 5: Declar 10 per 10	N		DUE TO (OR AS A	CONSEQUENCE O	Flore	-cole	رعا		
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MCIS account to poster 5: Dente all Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 We The property of the part II. 24b. WERE AUTO OF DEATH? 1 YES 2 We The part II. 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 We The part II. 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 We The part II. 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 We The part II. 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 We The part II. 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 We The part II. 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 We The part II. 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 We The part II. 24c. WAS AN AUTOPSY PERFORMED? 1 YES 2 We The part II. 24c. WAS AN AUTOPSY PERFORMED?	CATIC	If any, isading to immediate cause. Enter UNDERLYING							
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MC/15 nc n+ 1 Deless V Dentes II VES 2 Dec 11 VES 2 DEC 11 VES 2 D	ERTIF	that initiated events	DUE TO (OR AS A I	ONSEQUENCE O	ESTY	1			
E -D Central BANCO	7	1 . 11				ng ceuse given le	PERFO	RMED?	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	MED		(9%).	•			1 YES :		OF DEATH?
1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	ICIAN	EXAMINER?				PLACE OF DEATH (C	Check only one)		
	HYS	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpa		ce 6 Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED				
III 1 NAMED 5 PROGING		to and a selection		IN.	JURY Y	ORK?	and begoine now	INDUIT COCONEL	
2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 5 Could not be detarmined 3 Suicide 4 Homicide 4 Homicide 3 Suicide 5 Could not be detarmined 4 Homicide 5 Could not be detarmined 5 Could not be detarmined 5 City or Town, State)	ED	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, etc. (Specif	— Al home, farm,	street, factory, off	ice			rel Route Number,
29e. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.	APLE	(Check only							



DHMH-16 Rev 1/89

0	
(0	
_	
-	
68	
-	
ഥ	
_	
ᄌ	
30X	
$^{\circ}$	
-	
m	
-	
_ 9	
0	
\sim	
۵.	
0	
Section 1	
(A)	
0,	
0	
COR	
-	
-	
-	
()	
_	
111	
-	
Marie .	
_	
-	
TAL	
-	
12	
L	
F	
OF	
OF	
OF	
N OF	
NOF	
ON OF	
ON OF	
ION OF	
SION OF	
SION OF	
SION OF	
ISION OF	
VISION OF	
IVISION OF	
IVISION OF	
DIVISION OF	
DIVISION OF	
DIVISION OF	
DIVISION OF	
DIVISION OF	
DIVISION OF	
DIVISION OF	

	1. DECEDENT'S NAME (First, Mich	fello I not)		CERTI		. 01	DLA	-	REG			
	Glarin R	MESM	noi	2-101					2. DATE OF DEA MONTH	15	YEAR	3. TIME OF
	4. SOCIAL SECURITY NUMBER	5. SEX		E (Ir yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT	Н	0. BIFT	HPLACE (State
	218-22-7830	1 🗆 M 2 🗔		65 YRS.	MONTHS	DAYS	HOURS	MIN.	10/10/		Pe	nnsylv
	9a. FACILITY NAME (If not institut	tion, give street end number	יו	- 3777-4	9b. CITY,	TOWN O	R LOCATIO	ON OF DE			COUNTY OF E	
CTOR	St. Agnes Hos				Ва	ltir	more					
REC		b. COUNTY		10c. CI	TY, TOWN O	R LOCAT	ION					10d, INSIDI
P	MD	Baltimore			Ar	buti	us					1 YES
ERAL	100. STREET AND NUMBER					10f.	ZIP CODE			10g.	CITIZEN OF	WHAT COUNT
NEF	1301 North Av						2122				U.S.A	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merr 3 Widowed 4 Divorced	Tied FORCES?	EDENT EVER 1 N YE	R IN U.S. ARMED S 2 XNO DATES	- 81	1 yes, spe	ENDENT O	n, Maxica	IC ORIGIN? (Spec n, Puerto Rican, el :	ty Yee or No- c.)		E — America ck, White, atc city: Whi
9		NT'S EDUCATION theat grade completed)		16a. DECEDENT	work done d	CUPATIO	ON st of workin	a	16b. KIND C	F BUSINESS	INDUSTRY	
LET	Elementary/Secondary (0-12)	College (1-4 d	or 5 +)	IIIe. Do NOT	use retired.)							
COMPL	17. FATHER'S NAME (First, Middle,	(ast)		Barn	ald		40 MOTE	(Ente NA	ME (First, Middle, N	- Id 0		
	Charles Meyer								etta Kro		ne)	
) BE	19e. INFORMANT'S NAME (Type/F			19b. MAILIN	O ADDRESS	(Street or			loute Number, City		a, Zip Code)	
10	Peggy Quinlar	n							len Burr			060
	20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetion 3	3 Removal from State		105. PLACE AND DATE		ITION (Nar	me of		OATE 2	c. LOCATION	N — City or To	own, State
	4 Donation 5 Other (Spe	ocify)		Loudon Pa	rk Ce				17/20 E	altim	ore,	Maryl
	21. Signal And Shapes in	LICENSEE			1.7	NAME AN	D ADDRES	S OF FAC	Ambr	ose F	'unera	1 Home
	1 aul N	Mar - O										0.450
	23. PART I. Enter the disease shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Bi	at	eed the deeth. Do each line.	not enter		da of dyl	ng, auch	Spring F			App Intai Ons
IIFICATION	shock, or heart iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. B. Dut	E TO (OR AS	each line.	not enter		da of dyl	a ha	as cardiac or	CUN	oni O	App Intai Ons
ERTIFICATION	shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. B. Dut	E TO (OR AS	S A CONSEQUENCE	not enter		da of dyl	a ha	n as cardiac or	CUN	oni O	App Intai Ons
AL CERTIFICATION	shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant of	a. But b. Dut d.	E TO (OR AS	S A CONSEQUENCE OF A CO	not enter	the moo	Uyy	ng, auch	n as cardiac or	CUM LUM LAU LAU LAU AS AN AUTOP	arreat,	App inta Ons
CAL	shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant of	a. B. Due c. Due d. Due d.	E TO (OR AS	S A CONSEQUENCE OF A CO	not enter	the moo	Uyy	ng, auch	Part I. 24a. W	eun Lu Lu elas	arrest,	App Inta Ons
MEDICAL	shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant of	a. But b. Dut d.	E TO (OR AS	S A CONSEQUENCE OF A CO	not enter	the moo	Uyy	ng, auch	Part I. 24a. W	CUM LUM LOGAL AS AN AUTOP REFORMED	arrest,	App Inta Ons
MEDICAL	shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant c	a. B. Due c. Due d. Conditiona contributing	E TO (OR AS	S A CONSEQUENCE OF A CO	not enter	dariying	Usuga Causo g	ng, auch	Part I. 24a. W	CUM LUM LOGAL AS AN AUTOP REFORMED	arrest,	App Intai Ons A A A A A A B A B B B B B
MEDICAL	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cause. Cause Caus	b. But b. Dut d. Bonditiona contributing	E TO (OR AS	S A CONSEQUENCE OF BUT TO THE PROPERTY OF THE	not enter	dariying	Cause of Di	A CLAN	Part I. 24a. W PP 1 U V V V V V V V V V V V V V V V V V V	CUM LIA SAN AUTOPIREORIES ES 2 NC	arrest,	App Intai Ons
MEDICAL	shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant of	b. Due c. Due d. EDICAL HOSPITAL 12 Inputient 28e. DAT	E TO (OR AS	S A CONSEQUENCE OF A CO	not enter	dariying 26. PL. t: align Home 28c. INJU	CRUBE G	A CLAN	Part I. 24a. W	CUM LIAN LIAN AS AN AUTOPINFORMED? ES 2 NC	arrest,	App Intai Ons A A A A A A B A B B B B B
PHYSICIAN: MEDICAL	Shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant c PART II. Other algnificant c 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pend	b. Due c. Due d. Conditions contributing EDICAL HOSPITAL Impatient 28e. DATI (Mon	E TO (OR AS	S A CONSEQUENCE OF A CO	DEFI: OFF:	darlying 26. PL. t: sing Home 28c. INJt WOI	Cause g	A CLAM	Part I. 24a. W PI 1 V V V V V V V V V V V V V V V V V V	CUM LIAU AS AN AUTOPINFORMED? ES 2 NC	arrest,	App Intai Ons A A A A A A B A B B B B B
D BY PHYSICIAN: MEDICAL	Shock, Dr heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant c EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pand 2 Accident inves 3 Suicide a Coul	Bees, or comblications tellure. List only one at failure. List only one but th	E TO (OR AS	S A CONSEQUENCE (B A CONSEQUENCE (B A CONSEQUENCE (B DUT NOT resulting CONSEQUENCE (B DUT NOT resulting CONSEQUENCE (B DUT NOT resulting CONSEQUENCE (B DUT NOT resulting CONSEQUENCE (B DUT NOT resulting CONSEQUENCE (B DUT NOT RESULT (B DOAR) CONSEQUENCE (CONSEQUENC	OF): OF): OF): OTHER 4 Nurs ME OF LURY M	darlying 26. PL t: sing Home 28c. INJU 1 Y	Cause g Cause	A CLAM	Part I. 24a. W PP 1 U V V V V V V V V V V V V V V V V V V	CUMA LIVE	OCCURED	App Inta Ons
ED BY PHYSICIAN: MEDICAL	Shock, Dr heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant of EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pand 2 Accident Investigation 3 Suicide a Coult	Bees, or comblications to failure. List only one at failure. List only one at failure. List only one of the conditions contributing the conditions conditions contributing the conditions conditions c	E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS	S A CONSEQUENCE (B A CONSEQUENCE (B A CONSEQUENCE (B DUT NOT resulting CONSEQUENCE (B DUT NOT resulting CONSEQUENCE (B DUT NOT resulting CONSEQUENCE (B DUT NOT resulting CONSEQUENCE (B DUT NOT resulting CONSEQUENCE (B DUT NOT RESULT (B DOAR) CONSEQUENCE (CONSEQUENC	OF): OF): OF): OTHER 4 Nurs ME OF LURY M	darlying 26. PL t: sing Home 28c. INJU 1 Y	Cause g Cause	A CLAM	Part I. 24a. W PI 1 V V V V V V V V V V V V V V V V V V	CUMA LIVE	OCCURED	App Inta Ons
ETED BY PHYSICIAN: MEDICAL	Shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant c 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Invest 3 Suicide a Coul 4 Homicide CERTIFYIII	Bees, or complications to failure. List only one at failure. List only one at failure. List only one at failure. List only one of the conditions are considered at failure. List only one of the conditions are conditional conditions.	E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS	S A CONSEQUENCE OF A CO	OFF: OFF:	dariying 26. PL. t: sing Home 28c. Wol 1	CAUBO G CAUBO G S Re URY AT RK?	A CAM	Part I. 24a. W PP 1 U V V V V V V V V V V V V V V V V V V	CUM LUM LAS AN AUTOPINFORMEDT. ES 2 NC NO INJURY Street and Nur Steet and Nur	OCCURED TO PORT OF PURE!	Applinta One L A D WERE AUT ANAILABLE COMPLETI OF DEATH 1 YES Route Number
ETED BY PHYSICIAN: MEDICAL	Shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant c 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Invest 3 Suicide a Coul 4 Homicide CERTIFYIII	Bees, or comblications to failure. List only one at failure. List only one at failure. List only one of the combined of the co	E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS	S A CONSEQUENCE OF A CO	OFF: OFF:	dariying 26. PL. t: sing Home 28c. Wol 1	CAUBO G CAUBO G S Re URY AT RK?	A CAM	Part I. 24a. W PP 1 U V V V V V V V V V V V V V V V V V V	CUM LUM LAS AN AUTOPINFORMEDT. ES 2 NC NO INJURY Street and Nur Steet and Nur	OCCURED TO PORT OF PURE!	App Inta One L
COMPLETED BY PHYSICIAN: MEDICAL	Shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant c 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Invest 3 Suicide a Coul 4 Homicide CERTIFYIII	Bees, or comblications to failure. List only one at failure. List only one but the but	E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS	S A CONSEQUENCE OF A CO	OFF: OFF:	dariying 26. PL. t: sing Home 28c. Wol 1	ACE OF DI ACE OF DI ACE OF DI CES 2 and place, eath occur	A CAM	Part I. 24a. W Part I. 24a. W Per I I I I I I I I I I I I I I I I I I I	AS AN AUTOPERFORMED? CONTROL OF THE PROPERTY	OCCURED TO PORT OF PURE!	App Intai Ons D. WERE AUTI AMAILABLE COMPLETK OF DEATH? 1 YES Route Number
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cause. Examiner? 1	Bees, or complications to failure. List only one at failure. List only one but the but	E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS	S A CONSEQUENCE OF A CO	OFF: OFF: OFF: OFF: OTHER 4 Nurs ME OF JUNY M street, factor at the till fon, in my of	dariying 26. PL. t: sing Home 28c. Wol 1	ACE OF DI ACE OF DI ACE OF DI CES 2 and place, eath occur	I full liven in Management of the sidence of the end due end due end due end et the	Part I. 24a. W Part I. 24a. W Per I I I I I I I I I I I I I I I I I I I	AS AN AUTOPERFORMED? CONTROL OF THE PROPERTY	OCCURED OCCURED To the cause(App Intai Ons D. WERE AUTI AMAILABLE COMPLETK OF DEATH? 1 YES Route Number
BE COMPLETED BY PHYSICIAN: MEDICAL	Shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant or PART II. Other algnificant or 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend 2 Accident 3 Suicide 4 Homicide a Coul deter 29e. CERTIFIER (Check only one) 2 MEDICAL	Bees, or complications to failure. List only one at failure. List only one but the but	E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS E TO (OR AS	S A CONSEQUENCE OF A CO	OF): OF): OF): OTHER 4 Nurs ME OF JUHY M street, factor on, in my of	dariying 26. PL 1: 28c. INJI WOI 1 Y 2re, date pinion, de	ACE OF DI ACE OF DI	I full liven in Management of the sidence of the end due end due end due end et the	Part I. 24a. W Part I. 24a. W Per I I I I I I I I I I I I I I I I I I I	AS AN AUTOPERFORMED? Street and Nur Stete) d manner as ce, and due to 29d.	OCCURED OCCURED To the cause(Applints Ons WERE AUT AMAILABLE COMPLETH OF DEATH! 1 YES

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the cash recommend of the property of the hospital or attending physician.

NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1. 2. 3 should fill 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

NAT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		ICATE OF		REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
	DONALD KENNETH	- K-	M	ERS	JULY 15		03:40 A M	
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. A	AGE (In yrs last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign	
	215-03-8912 1x M 2 🗆 F	80 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2/6/14	Cou	intry)	
	9a. FACILITY NAME (If not institution, give street and number)	00	9h CITY TOWN	OR LOCATION OF DE		9c. COUNTY OF	aryland	
Œ			_		A111			
[G.B.M.C.		Tows	on		Balt:	imore	
DIRECTOR	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOC	TION			10d, INSIDE CITY	
百	Maryland Baltimore		Parkvi]	le.			LIMITS?	
A	10e. STREET AND NUMBER			H. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
FUNERAL	2423 Hillford Drive			21234		USA		
5	11. MARITAL STATUS 12. WAS DECEDENT EV. 1 Naver Mercled 2 Married FORCES? 1 1	ER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	IC ORIGIN? (Specify Yes		ICE — American Indian, ack, White, stc.	
ВУГ	1 Never Married 2 Married FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			pecify Cuban, Mexican S 2 XNO Specify		Sp	ectly:	
							White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	WORK done during n	ION lost of working	16b. KIND OF BUS	SINESS/INDUSTRY		
	Elementary/Secondary (0-12) College (1-4 or 5+)	Clerk	se retirea.)		Donal	: O		
×	12th Grade 17. FATHER'S NAME (First, Middle, Leet)	CIELK				ix Corp.		
	Thomas Myers				WE (First, Middle, Meiden			
86	19a. INFORMANT'S NAME (Type/Print)	F-10-1-1-1-1			Virginia :			
입	Donna Brown		Duvall		loute Number, City or Town	n, Stete, Zip Code) 21797		
	20a. METHOD OF DISPOSITION				odbine, MD			
	1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE cemetery, crematory or c	ther place)	-	7/18/94 B	CATION — City or		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Parkwood		NO ADDRESS OF FAC		al CINOL 6	E/ LID	
	· Phita VI	201 12	Johr	son Funer	cal Home			
- 77	Thiomas N. Ne	444	8521	Loch Ray	ven Blvd.	Towson	MD 21286	
	23. PART i. Enter the diseases, or complications that can ahock, or heart failura. List only one cause of	used the death! Do on each line.	not enter the m	ode of dying, auch	aa cerdiec or reapi	ratory arrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final		1				Onset and Death	
	disease or condition resulting in death)	AS A PONSEOUENCE O	lune				day	
	₽ DUE TO (OR.	AS A CONSEQUENCE O	F):				n 1/	
CERTIFICATION	Seddentiany hat conditions,	D b ne u m	onia				4 days	
AT	if any, leading to immediate cause. Enter UNDERLYING		. ,.				H dales	
FI	CAUSE (Disease or Injury	AS CONSEQUENCE O	F):				17 0472	
F	reaulting in death) LAST	failure					1 year	
8								
DICAL	PART II. Other significant conditions contributing to dea		in the underlyl	ng cause given in	Part I. 24a. WAS AN PERFOR	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
	Rheumatoid arthritis				1 YES 2	3010	COMPLETION OF CAUSE OF DEATH?	
ME	Malnutrition						1 TES 2 NO	
z	DID TOBACCO USE CONTRIBUTE TO	O CAUSE OF	DEATH	ES NO	X			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. I	LACE OF OEATH (Che	ck only one)			
YS		Outpetlent 3 DOA	4 - Nursing Ho	me 5 🗆 Rasidenca				
	27. MANNER OF OEATH 1 Netural Panding (Month, On, Ver	JRY 28b. TIN	JURY W	JURY AT ORK?	26d. DEŞCRIBE HOW II	NJURY OCCURED	Ì	
BY	2 Accident investigation	JURY — At home, ferm,		YES 2 NO	28f, LOCATION (Street and Number or Rural Route Number.			
	3 Suicide a Could not be 4 Homicide determined	(Specify)	erreet, rectory, on	Cal .	City or Town, State)	ina Number of Hun	II Houle Number,	
	29a. CERTIFIER				= = :			
COMPL	(Check only							
8	one) 2 MEDICAL EXPLAINED On the basis of examin	nation and/or investigation	on, in my opinion,	death occured at the	time, data and place, an	d due to the caus	e(a) and manner as stated.	
86	29b. SIGNATURE AND TULE OF SENTIFIED			29c. LICENSE NUM	BER	29d. DATE SIGN	EO (Morith, Day, Year)	
5	30. NAME AND AUDITEST OF PERSON WHO COMPLETED CAUSE OF			D-1	173/	1-1	2794	
	30. NAME AND AUTHESPOF PERFOR WHO COMPLETED CAUSE OF	/	8709	Harford t	and R.	1 him and	21234	
	31. DATE FILEO Marin, Day, Year) 32. REGISTRAR'S	ND SIGNATURE	0/0/	אמו וזורם ו	WAY DA	(it i mer	11A34	
		\$						
	JUL 1 9 1994 Julia Navida	All market					OHMH-16 Ray 1/89	

_	
-	
-	. 4**
9	
~	•
∞	
9	
\times	
0	
BOX 68760,	
P.0	
~	
4	
'n	
ö	
2	
5	
\aleph	
9	
Щ	
Œ	
4	
\vdash	1
=	;
	1
<u>.</u>	1
0	1
7	
\overline{a}	
\simeq	!
DIVISION OF VITAL RECORDS, I	
5	
=	1
No.	1

30. NAME AND ADDRESS OF PERSON WITH A STATE FILED (Month, Day, Year)

JUL 19 1994

ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AND WE EVEN WAS (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

191994

	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
tal or attending physician.	for use as the burial-transit	
VSICIAN: The law requires that the death certificate be executed within works after death. Page 6 may be retained by the hospital or attending physical properties that the death certificate be executed within working the central properties.	page 5 should be detached	
ours after death. Page 6 n	d in by the funeral director, or removal.	and the second s
ite be executed within	certificate has been signed by the attending physician and completely filled in by the the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	Annual chief and the
ires that the death certifica	signed by the attending ph lealth and Mental Hygiene	the name today on other
PHYSICIAN: The law requi	this certificate has been a with the State Dept. of H	Acres 14- 00 about
HE HOSPITAL OR ATTENDING PHY	THE FUNERAL DIRECTOR: After this confided within 72 hours after death with	A A
THE H	THE FL.	Same or other

	1 - REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEATH	TAL HYGIENE REG. NO.							
Œ	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. jast birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DAT	TE OF BIRTH TE OF BIRTH TON, Day, Young	3. TIME OF DEATH MINTIPLACE (State or Foreign learniny) OF DEATH						
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY 10s. COUNTY 10s. CIEV. IDWN OR LOCATION 10s. STREET AND NUMBER 10s. STREET AND NUMBER 10s. STREET AND NUMBER 10s. STREET AND NUMBER 11s. WAS DECEMBENT OF HISPANIC OHN 11s. WAS DECEMBENT ON HISPANIC OHN 11s. WAS DECEMBENT ON HI	GRY (Specify Yes or No.— 14.	10d. INSIDE CITY UNITED 1 YES 2 NO OF WHAT SOUNTRY? RACE — American Indian, Black, While, etc.						
TO BE COMPLETED BY	15. DECEDENT'S EDUCATION [Specify only highest grade completed] Elementary/Secondary (0-12) College (1-4 or 5+) E. O. SYECIALIST	RE. KIND OF BUSINESS, THE DEPLA FEDERA FEDERA FANCISTA, Majorin Sumarria) PROMINE Antice City or Soun, Soun, Zip Cool ALE, BATTIM	<i>5</i>						
12, and moderal sharming mass to	1 C Burial 2 Creenation (3 ☐ Removel from State 4 ☐ Donestion S ☐ Oyles, Specify) 21. SIGNATURE OF FUNDAL SERVICENCENCES STATE 22. PART I. Ether the diseases, or complications that caused the death. Do not enter the mode of dying, such as or shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or carifolition resulting in death)	ATE 390 LOCATION — City A FUNDA / A FUNDA	Approximate Interval Between Onset and Death						
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 XNO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
TED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1								
BE COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cone) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and TUTLE ON CERTIFIER 29c. LICENSE NUMBER	ate and place, and due to the ca	GNED (Month, Day, Year)						

58Cr ...

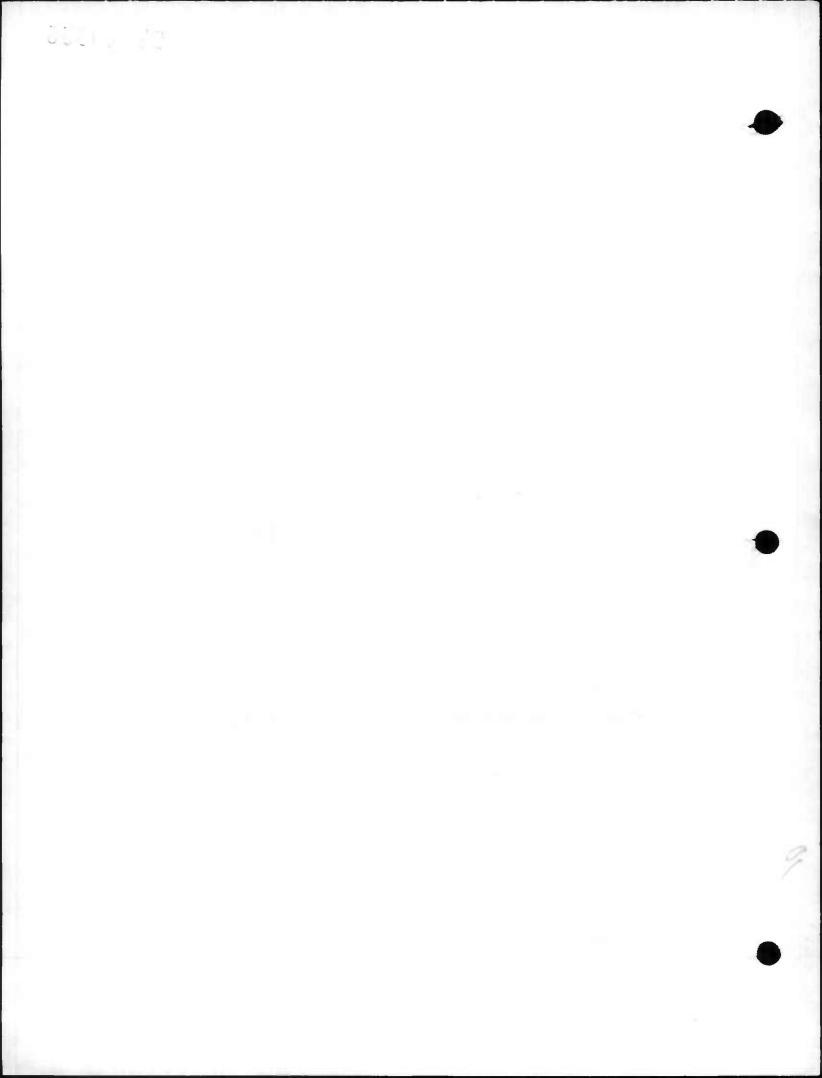
T	
Ś	
_	
S	
_	
LAND 21215	
_	
≌.	
Z	
Ø	
7	
$\overline{}$	
_	
Œ	
d	
\geq	
MARY	
-	
H	
~	
ц,	
MORE	ı
Š	
~	
_	
г.	
_	
BALT	,
m	
-	
	•

_	
-	
\tilde{S}	
BOX 68760	
00	
9	
-	
\sim	
0	
0	
P.O.	
Ξ.	
Ω,	
-5	
S	
α	
0	
\approx	
\sim	
RECORDS	
Œ	
⋖	
F	
VITAL	
>	
N.	
$\overline{}$	
_	
Z	
$\overline{\Box}$	
\simeq	
ISION	
=	
_	
-	

BALTIMORE, MARYLAND 21215-0020	hours after death, Page 6 may be retained by the hospital or attending physician.	UNEAR DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 2 nous after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	CENTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death, Page 6 may be retained by the hospital or attending physician.	UNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I	It in tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR				CERTIF	ICATE	OF	DEATH	MENIAL	REG. NO.	-		
1. DECEDENT'S NAME (First, Mid	dle, Last)							2. DATE OF	DEATH	_		3. TIME OF DEATN
Milton	Edward	May						T11 TV	15,		YEAR	11:43
4. SOCIAL SECURITY NUMBER	5. \$	EX	6. AGE (In	yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	2777	S. BIRTH	NPLACE (State or Forei
215-01-8574	1 5	M 2 F	7.7	7 YRS.	MONTHS	DAYS	HOURS MIN.	Jan.		0.1.7	Countr	ry)
9a. FACILITY NAME (If not institut	tion, give street at	nd number)			9b. CITY.	TOWN O	R LOCATION OF D		14,1		INTY OF D	cyland
Good Samarit	an Hos						more			30.000	WIT OF D	EAIR
	, COUNTY			10c, CIT	Y. TOWN OR	LOCAT	ION					10d. INSIDE CITY
Md.					1timo		X1.2					LIMITS?
10e. STREET AND NUMBER						101	ZIP CODE			10g. CIT	IZEN OF Y	WHAT COUNTRY?
4409 Park	wood Av	venue					21206				U.S.	Α.
11. MARITAL STATUS 1 Never Married 2 Mar 3 Wildowed 4 Divorced	ried F	WAS OECEDEN FORCES? 1 IF YES, GIVE W	YES	2 50 NO	lf.	yea, spe	ENDENT OF HISPAI ocity Cuben, Mexico 2 X NO Specif	n, Puarlo Ric		or No—	Speci	,
15 DECEDE	NT'S EDUCATION	AJ.	Т.	16- DECEDENTIO		01100000		T				White
(Specify only hig	hest grade compli	leted)		16a. DECEDENT'S (Give kind of a life. Do NOT us	work done du	iring mos	st of working	16b. K	IND OF BUS	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	Coli	liege (1-4 or 5+						D 1				
AT CATALONIO ALANE OT A ANALY	4 0	2 yrs	•	Power	Produ	ict1				~	ι Ele	ectric Co
17. FATNER'S NAME (First, Middle							18. MOTNER'S NA	ME (First, Mid	dle, Maiden	Surname)		
	May						Anna	Dunni	gan			
19a. INFORMANT'S NAME (Type/I	rint)			19b. MAILING	AOORESS	(Street a	nd Number or Rural	Route Number,	City or Tow	n, State, Zij	p Code)	
Catherine M.				4409	Parkw	ood	Avenue	Balti	more,	Md	-2120	16
20a. METNOD OF DISPOSITION	Removal to	The State		PLACE AND OATE		ION (Na	me of	OATE	20c. LO	CATION -	City or To	wn, State
4 Donation 5 Other (Spe		TORE STREET		tery, cremetory or o preland		·ial	Park	7-19	B:	altim	nore.	Md
21. SIGNATURE OF FUNERAL SE	RVICE LICENSE	E	1				D AOORESS OF FA					r Road
NA TI	/)	h	M	1	Tob	n (. Miller	. T				
23. PART I. Enter the disea	un	111.1	Ter	yohy				-				Md21206
Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		OUE TO	(OR AS A C	CONSEQUENCE OF	ጉ :	Nov.	rary a	very	1/200	ca	4	
	astati	ic C	erc	mone	- 7	B	erdder	1	4e. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION DF CAU OF DEATH?
DID TOBACCO 25. WAS CASE REFERRED TO ME		HIKIDUIE	10 0	AUSE OF	DEAIR		ES NC					
EXAMINER?	но	SPITAL:	127		OTHER:	1 1 1 1 1 1	ACE OF DEATH (Ch					
1 YES 2 NO		_		tient 3 DOA	7 -		5 - Residence					
1 Natural 5 Pent		28a. DATE OF (Month, Da		28b. TIM	URY M	Sec. INJI WO	RK?	28d. DESCR	NBE NOW I	NJURY OC	CURED	
	rtigation				_ "		ES 2 NO					
3 Suicida s Coul 4 Nomicide data	d not be rmined	building,	F INJURY — atc. (Specif)	- At home, farm, (itreet, factor	ry, office	office 281. LOCATION (Street and Number or Rural Route City or Town, State)			loute Number,		
							and place, and due					i) and manner as state
29b. SIGNATURE AND TITLE OF	CERTIFIER						29c. LICENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
Menai K	onale	in lu					12	1023	2	•	1-1	8-94
30. NAME AND AGORESS OF PER	A (ITI	MPLETEO CAUS	8 (0 ()()	TN (ITEM 27) (Type)	Print)		1	، پ حر			1-1,	2 / /
31 DATE FILED (Month Day Mark	10000	32 DECISTON	009	11/1/21	0/21	٠ /	-07					
31. DATE FILES (Morrith, Day, Your) JUL 1 9 1994	Jul:	32. REGISTRA	R'S SIGNAT	TURE	-U [Z] .	2 /	a			· -		



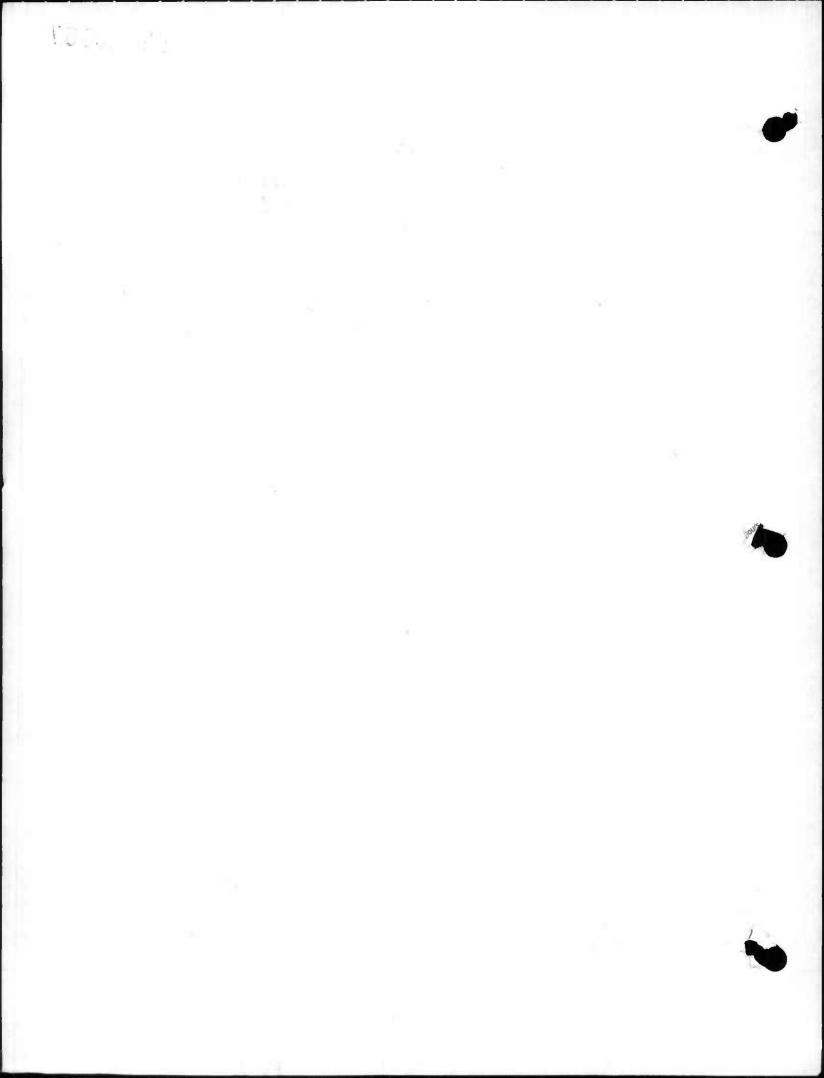
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

0	
P.O.	
RECORDS,	
OF VITAL	
DIVISION (

	2	1. DECEDENT'S NAME (First, Middle, Last) VIRGINIA	NELS	ON					2. DATE OF DEATH	3 – 1	994	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 220-46-5154	5, SEX	6. AGE (In yra	. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1000	Country)	ACE (State or Foreign
pinous		9a. FACILITY NAME (If not institution, give		12	Tha.	9b. CITY	. TOWN	OR LOCATION OF DE			MARY	
1, 2, 3 st	TOR	MERIDIAN AT B	RIGHTWO	DD	-					7 - 7	LTIM	
Pages	DIRECTOR	MARYLAND BAL	TIMORE		10c. Cf	TY, TOWN	OR LOCA	TION				Dd. INSIDE CITY LIMITS? YES 2 NO
permit	IAL I	10e. STREET AND NUMBER				101. ZIP CODE				10g. CITI		AT COUNTRY?
020 physician. burial-transit	1551	515 BRIGHTFIELD RD. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U						21022			S.A.	
	BY FUN	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	ABMED		If yes, sp	ecity Cuben, Mexica 2 NO Specify	HC ORIGIN? (Specify n, Puerto Rican, etc.) y:	Yes or No—		- American Indian, White, etc.
21 ise afte	ETED	15. DECEDENT'S EDI (Specify only highest grad		16a	DECEDENT'S	work done	CCUPATII	DN ost of working	16b. KIND OF I	USINESS/INC	USTRY	***************************************
D 21	COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +		Me. Do NOT I	reo retired.)		ERVICE	СОММ	JNITY	SER	VICE
YLA by the be def	BE COI	17. FATHER'S NAME (First, Middle, Lest) DOUGLAS GORDO	N LOVELI						ME (First, Middle, Meid NIA PAGI	,		
MA retain 5 sho	5	19a. INFORMANT'S NAME (Type/Print) DOUGLAS NELSO	N						RD COCI			,MD. 2103
e 6 may ector, pa		20s. METHOD OF DISPOSITION 10 Burial 2 Committee 3 Removed from State 20b. PLACE AND DATE OF DISPOSITION						METERY		VINGS		LS, MD.
ALTIN death. Pag tuneral dis tuneral dis examiner		21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	171	-	22.	HE		JENKINS			
after of an by the or removal.		23. PART i. Enter the diseases, pr	complications that	caused the	deeth, Do	not enter			RD. BA			21212.
de within 29 and ompletely filed in all, cremation, or reservent, the med		shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	espe lope	iina.		0	vet				interval Between Onaet and Death
OX 6876 be executed vician and complicate to burial, computer to burial, contraumantle even	NOI	Sequentially list conditions,	b	1/2he	aren	0 - ~	em	ertua				5yrs
cate be prior to prio	ICAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
S, P.O. Bodeath certificate of attending physiental Hygiene print, or other t	CERTIFICATION	that initiated events resulting in death) LAST	(DR AS A CON	A CONSEQUENCE OF):								
2 4 5 5		PART II. Other significant condition	na contributing to	death but n	ot resulting	in the ur	derlyin	g ceuse given in		AN AUTOPSY ORMED?		ERE AUTOPSY FINDINGS MILABLE PRIOR TO
S = S = E	EDICAL	- parago	<i>N</i> >						1 YES	NO NO	CC OI	OMPLETION OF CAUSE F DEATH?
I = 6 . 66	Σ								-		1	TYES 2 THO
N: The law Ficate has State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	104		OTHE		ACE OF DEATH (Ch	eck only one)			
SICIAN: The certificate in the State d, or Item		1 TYES 1 ND 27. MANNER OF DEATH	1 Inpetient 2 I	INJURY	28b. TH	4 - Num		URY AT	8 Other (Specify) 28d. DE\$CRIBE HON	V INJURY OCC	CURED	
DING PHYSI After this c death with	ВУ Р	Natural 5 Pending Investigation	(Month, De	ny, Year)	IN	JURY		PRK? YES 2 ND	300 -210003000			
TTEND TTEND TTEND after d after d 28 is	TED	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE Of building,	F INJURY — A etc. (Specify)	home, farm,	street, fact	ory, offic	•	281. LOCATION (Stree City or Town, Sta	et and Number te)	or Rural Roul	te Number,
DIV ITAL DIREC III 72 hours	MPL		ER: On the best of									nd manner as stated.
H	BE CO	SIGNATURE AND TITLE OF CENTIFIE						29c. LICENSE NUN			E SIGNED (M	
	70	10. MAME AND ADDRESS OF PERSON WI						V 32°		- /	114,	177
10		IREDELLY W. I	GLEHART			WEST	UN	IIV. PAI	RKWAY BA	LTO.	,MD.	
V		JULT 9 1994 9	who Davidson	-Ands	e.							
												DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

THAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

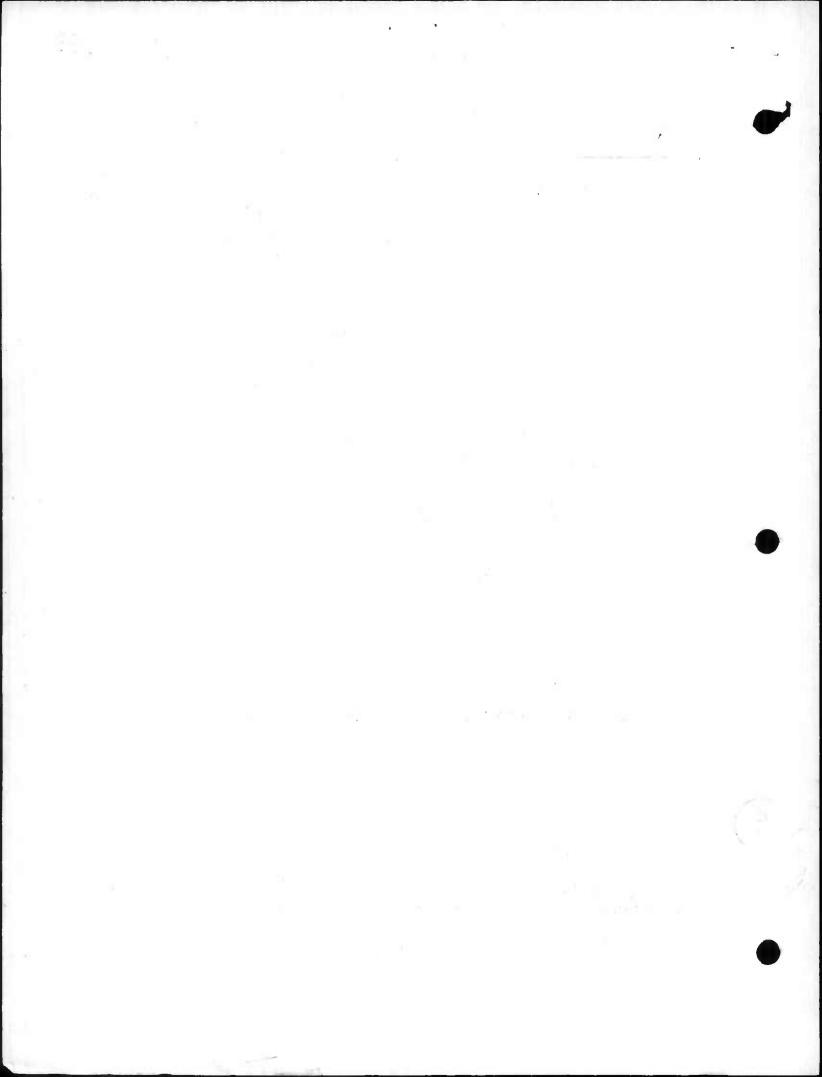
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Les	-	OLITI	·	_ 01	DEATH	_		0.		
Patricia K.	"Orndorff					MONTH		DAY	YEAR 994	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		GE (in yrs. lest birthday) IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	July 7. DATE (OF BIRTH	[4]		IPLACE (State or Foreign
220-88-5302	1 🗆 M 2 💢 F	65 YRS.	MONTHS	DAYS	HOURS MIN,		st 7	1928	Counti	MD
Se. FACILITY NAME (If not institution, give	atreet and number)		9b. CIT	Y, TOWN C	OR LOCATION OF D				NTY OF D	EATH
6245 Davis Rd.			Wood	dbine	9			Carı	coll	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY	10c, C	ITY, TOWN	OR LOCAT	TION					10d, INSIDE CITY
MD Carr	coll	Woo	dbine	e						LIMITS?
10e. STREET AND NUMBER					ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
6245 Davis Rd.					21797			U.S.	Α.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 TY IF YES, GIVE WAR OF	ES 2 NO		If yes, sp	ecity Cuben, Mexica 2 NO Specif	en, Puerto R		les or No—	14. RACE Black Speci	, White, atc.
15. DECEDENT'S ED (Specify only highest gra	DUCATION do completed	16a. DECEDENT	S USUAL O	CCUPATIO	ON	16b.	KIND OF B	USINESS/IND	DUSTRY	***************************************
Elementary/Secondary (0-12)	College (1-4 or 5+) 4 Years	Organis	use retired.)	gunng mo	st of working					
17, FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, M	liddle, Maide	n Surname)		
Ghaile Kolb					Beatric					
ISB. INFORMANT'S NAME (Type/Print)					nd Number or Rural				Code)	
Louis Orndorff					. Woodb					
N Buriel 2 Cremation 3 Ra		206. PLACE AND DATE COMMETTER, Cremetary, Cremetary or Olive				7/16		ocation -		
21. SIGNATURE OF FUNERAL SERVICE		ML. ULIVE			YD ADDRESS OF FA		ITIL	· AIL)	, FII.	,
					ID ADDITED OF TH	OILL I				
	r complications that cause of	sed the death. Do n each line.	Bu 1.2	urrie 212 V	er-Queen W.Old Li	Fune berty	Rd.	, Wini	field	Approximate Interval Batw
shock, or heart failure and the state of the	a. MET DUE TO (OR A	A STATIC AS A CONSEQUENCE	not anter	urric 212 T	er-Queen W.Old Li de of dying, auc	Fune berty	Rd.	, Wini	ielo reat,	Approximate Interval Batw
immediate CAUSE (Final disease or condition resulting in death)	s	ASTATIC	Bt 12 on ot anterest of the control	urric 212 T	er-Queen W.Old Li de of dying, auc	Fune berty	Rd.	, Wini	ielo reat,	Approximate Interval Batw
shock, or heart failure and the state of the	s. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	Bt 1.2 not anter OF):	urric 212 Trithe mo	er-Queen W.Old Li de of dying, auc	Fune berty the as card	Rd.	, Wini	ielo reat,	Approximate Interval Batw
shock, or heart failure and the state of the	s. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	Bt 1.2 not anter OF):	urric 212 Trithe mo	er-Queen W.Old Li de of dying, auc	Fune berty the as card	Rd.	Winipiratory are	Field reat,	Approximate Interval Batw Onset and Donest a
shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions.	s. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	Bt 1.2 not anter OF):	urrie 212 Trithe mo	er-Queen W.Old Li de of dying, auc	Fune berty the as card CAN	Rd. Iac or rea 24a. WAS A PERFI 1 □ YES	Winipiratory are	Field reat,	Approximate Interval Batw Onset and Dr. Onse
shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) PART II. Other aignificent conditions. It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. List only one cause of a	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting	Bt 12 not anter OF): OF): OF): OTHE	urric 212 Tr the mo	er-Queen W.Old Li de of dying, auc IAN (Funeberty shas card CAN Part I.	Rd.	Winipiratory are	Field reat,	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS
shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the intrinsied events resulting in death) PART II. Other aignificent conditions.	B. List only one cause of a contributing to dest DUE TO (OR A c. DUE TO (OR A d. D. DUE TO (OR A d. D. DUE TO (OR A d. D. DUE TO (OR A d. D. D. D. D. D. D. D. D. D. D. D. D. D.	A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting Dutpatient 3 □ DOA RY 285. Ti	Bt 12 not anter OF): OF): OF): OF): OF): OF): OF): OF):	urrie 212 Tr the mo	er-Queen W.Old Li de of dying, auc IAN G ceuse given in ACE OF DEATH (Ch	Funeberty thas card Can Part I.	Rd. Inc or real C// 24a. WAS A PERF(1 YES	Winipiratory are	Field reat,	Approximate Interval Batw Onset and Dr. Onse
shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are under the condition of the condition of the condition of the condition of the condition of the cause in the cause of the	B. List only one cause of a contributing to deat to the contributing to the contributing t	A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting Dutpatient 3 □ DOA RY 285. Ti	Bt 12 not anter OF): OF): OF): OTHE 4 Number A N	urric 212 Tr the mo //AR/ nderlying 28. Pt. R: rsing Hom 28c. INJ	er-Queen W.Old Li de of dying, auc IAN (g ceuse given in ACE OF DEATH (Ch	Funeberty thas card Can Part I.	Rd. Inc or real C// 24a. WAS A PERF(1 YES	N AUTOPSY ORMEDS ON NO	Field reat,	Approximate Interval Batw Onset and Dr. Onse
shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) PART II. Other aignificent conditions. ES. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	B. List only one cause of the control of the contro	A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE A CONSEQUENCE A Dutpatient 3 DOA RY 286. Ti II URY — Al home, farm	OF): OF): OF): OTHE 4 Number of NJURY M	nderlying 28. PL R: rsing Hom 28. INJ 28. INJ 1 1	er-Queen W.Old Li de of dying, auc IPN Geuse given in ACE OF DEATH (Ch S = Residence URY AT RES 2 = NO	Fune berty thas card CAN Part I. Part I. 28d. DES	Rd. Ac or real 24a. WAS / PERFIT 1 YES (Specify) CRIBE HOW	N Winiplestory and Manager And Authors of Manager And Manager And Manager And Manager And Manager And Manager And Manager And Manager And Manager And Manager And Manager And Manager And Manager And Manager And Manager And	24b	Approximate Interval Batw Onset and Dr. Onse
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are under the cause of the cause	B. List only one cause of a DUE TO (OR A	A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE A CONSEQUENC	OF): OF): OF): OTHE 4 Null ME OF NJURY M In the uter the control of the cont	nderlying 28. Pt R: rsing Hom 28c. INJ 1 1 1	er-Queen W. Old Li de of dying, aud Ace of DEATH (Che S = Residence URY AT NYES 2 = NO a and place, and due	Part I. Part I. Part I. 28d. DES	24a. WAS A PERFIT OF TOWN, State of Town, State of	Winiplestory and Manager And M	24b CURED CORED	Approximate Interval Batw Onset and Dr. Onse
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are under the cause of the cause	B. List only one cause of DUE TO (OR A DUE T	A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE A CONSEQUENC	OF): OF): OF): OTHE 4 Null ME OF NJURY M In the uter the control of the cont	nderlying 28. Pt R: rsing Hom 28c. INJ ttme, dete	er-Queen W. Old Li de of dying, aud Ace of DEATH (Che S = Residence URY AT NYES 2 = NO a and place, and due	Part I. Part I. 28d. DES: 28f. LOCA 28f.	24a. WAS A PERFIT OF TOWN, State of Town, State of	N WINI PIRATORY AND AND N AUTOPSY ORMEP? NO N NJURY OC And Number and due to ti	24b CURED or Rural F	Approximate Interval Batw Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are under the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are under the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are under the cause of the cause	B. List only one cause of DUE TO (OR A DUE T	A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE A CONSEQUENC	OF): OF): OF): OTHE 4 Null ME OF NJURY M In the uter the control of the cont	nderlying 28. PL R: raing Hom 28c. INJ wo 1 1 v	er-Queen W.Old Li de of dying, aud Geuse given in ACE OF DEATH (Ch o 5 Residence URY AT RK7 YES 2 NO a and place, and due eath occured at the	Part I. Part I. 28d. DES: 28f. LOCA 28f.	24a. WAS A PERFIT OF TOWN, State of Town, State of	N WINI PIRATORY AND AND N AUTOPSY ORMEP? NO N NJURY OC And Number and due to ti	24b CURED or Rural F	Approximate Interval Batw Onset and Dr. Onse

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

		REGISTRA
		1. DECEDENT'S N. STEPHI
		4. SOCIAL SECUR 081-18- 081-58 9a. FACILITY NAM
pinou	1	9a. FACILITY NAM
es 1, 2, 3 st	TO BE COMPLETED BY FUNERAL DIRECTOR	Saint L RESIDENCE (
oit. Page	DIRI	MARYLAN
it perm	RAL	
cian. I-transi	JNE	2115
020 physic buria	YFL	1 Never Marrie
15-0 ending as the	DB	3 Widowed
2121 irial or att	LETE	(S Elementary/Sec
LAND the hosp detached	COMP	17. FATHER'S NAM
ARY ined by iould b	BE	19a. INFORMANT'S
, M/ be reta ge 5 sh	일	Dor
BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-tranton, or removal. the medical examiner must be notified at once.		20a, METHOD OF 1 M Burlet 2 G 4 G Donation 5 21, Signature of
SALTI r death. F e funeral al.		•
In by the remove remove		23. PART I, Enti- sho
rith how		iMMEDIATE CAI disease or cond resulting in das
IN OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020 IIG PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician. The law interpretable of the sattending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should marked, or lifem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially lis if any, leading to cause. Entsr UP CAUSE (Disease that initiated sy reaulting in das
SORDS, F as that the death gned by the atten atth and Mental s any Injury, c	DICAL CE	PART II. Other
ON OF VITAL REC DING PHYSICIAN: The law require Arter this certificate has been sig- death with the State Dest. of He marked, or Item 23 shows	CIAN: ME	DID TOE 25. WAS CASE REF EXAMINER?
F VI YSICIAN: s certifica th the St	HYSI	1 TYES 2
ON OF	ВУ Р	1 Natural 2 Accident
PEN S	TED	3 Sulcide 4 Homicide
E Indian	MPLE	29a. CERTIFIER (Check only one) 1
THE HOSE THE FUND TIME WITH	BE CO	29b. SIGNATURE A
224	0	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last) STEPHEN	LOUIS	POG	31 JR.		2. DATE OF DEATH MONTH		3. TIME OF DEATH 7.10 pm M
	4. SOCIAL SECURITY NUMBER 081-18-5126 081-58-1826		_	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar. 26, 1	922 N	BIRTHPLACE (State or Foreign Country) EW YORK
E CE	9a. FACILITY NAME (If not institution, give Saint Joseph Hosp				R LOCATION OF DI		9c. COUNTY	of OEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND B	ALTIMORE	10c. CITY,	TIMONII				10d. INSIDE CITY LIMITS?
A	100. STREET AND NUMBER 2115 Woodfork				ZIP CODE 21093		1771	1 TYES 2 NO
DI FUNEH	11. MARITAL STATUS 1	12. WAS DECEDENT EVER I FORCES? 1 [X] YES JF YES, GIVE WAR OR C 5/8/44-5/1	2 NO	If yes, spe	ENDENT OF HISPAN	NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Yes or No- 14.	SA RACE — American Indian, Black, White, atc. WHITE
רבובה	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION	18a. DECEDENT'S U	ork done during mo:	N st of working	16b. KIND OF I	BUSINESS/INDUS	
Con	17. FATHER'S NAME (First, Middle, Last)	6	Electric	al Engi		Eng	ineerin	g
ם ב		fano Poggi			Ida Re			
2	19a. INFORMANT'S NAME (Type/Print) Dorothy Pogg	i				Route Number, City or i		
	20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Section)	noval from State	b. PLACE AND DATE OF THE PROPERTY OF ALL DULANCY V.	alley M	em.Garde	nsJULY I	LOCATION — City IMONIUM	, MD
	21. SIGNATURE OF FUNERAL SERVICE LI BIYAN	W. Clary	ory	10 W	Padoni		monium,	MD 21093
	23. PART I. Enter the diseases, or shock, or heat failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated sventa resulting in death) LAST	a. SEPSIS DUE TO (OR AS DUE T	A CONSEQUENCE OF	:	de of dying, suc	h aa cardiac or res	spiratory arrest	Approximata Interval Batween Onset and Death Weeks
· MEDICAL	ATRIAL FIBRILATIO	PART II. Other algorificant conditions contributing to death but not re				1 YES	AN AUTOPSY ORMED? 2 0 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Ch			
	1 TYES 2 NO 27. MANNER OF DEATH	180 Inpatient 2 ER/Out	petient 3 DOA 28b. TIME	OF 28c, INJ		6 Other (Specify)	V INJURY OCCUR	FD
	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJU	M 1 N	RK? ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	reet, factory, office		281. LOCATION (Stre City or Town, Sta	et and Number or i	Rural Route Number,		
		CIAN: To the best of my know						suse(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CHAIRE	en un			29c. LICENSE NUI	MBER .	29d. DATE \$1	GNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WE ANIS ANSARI M.D.,	7620 YORK R				1204		1.0/17
	31JUL'1'9'1994"	32, BEGISTRAR'S SIGN	NATURE	-				



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

BALTIMORE, MARYLAND 21215-0020

•	
6	
9	
76	
8	
9	
×	
6	
BO	
o	
Τ,	
0	
Ś	
Œ	
0	
O	
RECORDS,	
œ	
TAL	
=	
>	
L	
OF V	
Z	
Z	
0	
S	
4	
IVISIO	
<u> </u>	

RABORG Sr. 2. DATE OF DEATH MONTH 3. TIME OF DEATH Joseph-July 17,1994 7:18 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 X M 2 F 213-07-8265 80 YRS. March 12, 1914 Maryland Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Franklin Square Hospital Rossville Baltimore County RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland **Baltimore** 1 X YES 2 | NO use as the bunal-transit permit. 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6216 Brook Avenue United States 21206 or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Maxicen, Puerto Ricen, etc.)
1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES В Specify: White 3 X Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Ghm kind at work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) by the hospital or be detached for u Elementery/Secondery (0-12) College (1-4 or 5+) Welder Bethlehem Steel Corporation 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Joseph R. Raborg Catherine Virginia Baker 3 F BE page 5 should retained notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 Mrs. Patricia Kleiderlein 5305 Dew Garth Court Baltimore, Maryland 21206 Раде 6 тау be pe 20e. METHOD OF DISPOSITION

1 X Surfel 2 Cremation 3 Removal from State DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must funeral director, Parkwood Cemetery 4 Donation 5 Other (Specify) 7/21/94 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. examiner death. Mayle T. awyre fours after de d in by the fu 5305 Harford Road Baltimore, 21214 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heert fallure. List only one ceuse on each line. Interval Between ŏ Filled Onset and Death IMMEDIATE CAUSE (Final cremation. the diseese or condition Myocardial Infarction resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): bunal executed traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 attending physician mtal Hygiene prior to If any, leading to immediate 2 cause. Enter UNDERLYING **CAUSE** (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST signed by the atter Health and Mental injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Cerebrovascular Accident 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE DF DEATH? 1 TYES 2 17 NO Shows Coronary Artery Disease 1 YES 2 NO t. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO | ICIAN: has b 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL: OTHER: 1 - YES 2 1 NO PHYSI ATTENDING PHYSICIAN: Inpatient 2 ER/Outpatient 3 X DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 6 28e. DATE OF INJURY 27. MANNER OF DEATH 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked. 1 🔀 Natural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 8 Could not be COMPLETED 4 Homicide 28 determined OR 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) John Loh. 617 Stemmers Run Road Baltimore Md 21221 31. DATE FILED (Month, Day, Year) Julia Davidson Bandare JUL 1 9 1994 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

	1
-	Ast.
\approx	•
9	,
68760	
œ	
9	
BOX 68760	
0	٠
~	
ш	
	4
	•
\sim	
0	
400	
Q)	
\Box	
$\overline{\sim}$	
ш.	
\circ	1
\sim	
\circ	
ш	
Or.	
_1	
1	ſ
-	
lane.	,
	:
>	4
DIVISION OF VITAL RECORDS, P.O.	San Street Street Street Street Street Street
_	1
0	3
_	į
Z	4
<u></u>	-
\subseteq	1
75	i
V)	ì
_	ļ
-	
0	ì

INFIGUR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the found that the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. DSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. MITANT II liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Lest)	Reveille	- ROBERT H	IOWARD REVI	EILLE	2. DATE OF DEATH MONTH	DAY 190	3. TIME OF DEATH 12:47 A M		
	4. SOCIAL SECURITY NUMBER 227-26-4480		in yrs. lest birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/16/27		BIRTHPLACE (State or Foreign Country) Virginia		
OR	9a. FACILITY NAME (If not institution, give s Good Samaritan B	*			nore Cit		9c. COUNTY	OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Ba	altimore	7.55	r, town or locat	ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	10a STREET AND NUMBER 1572 Doxbury Road	E			21286	<u>.</u>	10g. CITIZEN	OF WHAT COUNTRY?		
B≺	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA WW	2 NO	If yes, spe	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yon, Puarto Rican, etc.)	ee or No— 14.	RACE — American Indien, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	18e. DECEDENT'S (Give kind of w life. Do NOT use	rork done during mo:	ON at of working	16b. KIND OF B	USINESS/INDUST			
OMP	17. FATHER'S NAME (First, Middle, Last)	years	Senior	Develop		C. Socia		rity		
BE CC	Gilbert Cecil Re	eveille			- SOFTE STREET	rine Leona	,	5		
TO B	190. INFORMANT'S NAME (Type/Print) Suzanne E. Reveil	le		ADDRESS (Street of Doxbury		Route Number, City or To				
	20e. METHOD OF DISPOSITION 1	oval from State cem	PLACE AND DATE Of etery, cremetory or other tro Crea	her place)		1	ocation – city	or Town, Stata		
	21, SIGNATURE OF FUNERAL SERVICE LIC		rayok	Johnso	on Funera	CILITY	Towsor			
	IMMEDIATE CAUSE (Final	List only one ceuse on ea	ech line.	ot enter the mo-	da of dying, suc	h aa cardiac or res	piratory arrest,	Approximete interval Between Onset and Desth		
CERTIFICATION	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART ii. Other significent condition	e contributing to death be		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO					
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	535	OTHER:	ACE OF DEATH (Ch	, , , ,				
HYS	27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME		URY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED		
ВУБ	1 Natural 5 Pending 2 Accident Investigation			M 1 1	RK? /ES 2 NO					
	3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, strast, tactory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, strast, tactory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	222	CIAN: To the best of my knowl						suse(e) and manner se stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIED	Sto N	v)		29c. LICENSE NUI		29d. DATE SK	GNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print)						
	JUL 1 9 1994	Julia Davidson A	TURE and M.							

Tag - Pg

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle Last) 3. TIME OF DEATH 2. DATE OF DEATH Joseph Henry Smith Jr. 1994 July 14 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) M 2 F DAYS HOURS 217-14-2985 Aug. 26, 1920 MAryland Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH BC. COUNTY OF DEATH DIRECTOR 3928 New Section Road Bowleys Quarters Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore | Dunda1k 1 - YES 2 NO permit, FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7110 German Hill Road 21222 use as the burial-transit USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No ---14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried 1 TES 2 XXX Specify: ВУ 3 Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Truck Driver Baltimore Concrete be detached 6th 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surneme) Ħ Joseph H. Smith Edith G. Dumphrey 19e. INFORMANT'S NAME (Type/Print) 2 Stanely J. Smith 7110 German Hill Road Baltimore MD. funeral director, page 5 ; 21222 hours after death. Page 6 may be pe 20e. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must 1 Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Park 7/18/94 Lorraine Baltimore Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Essex and completely filled in by the to burial, cremation, or removal 300 Mace Ave. Baltimore MD. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such sa cerdiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Finel **Onset and Desth** heind orlin disease or condition resulting in death) event. executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760 traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING attending physician death certificate be CAUSE (Diseese or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 signed by the atter PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TYES 2 NO Shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN: has b. Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h OTHER: 1 YES 2 NO OR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 DOA 6 Other (Specify) 27. MANNER OF DEATN 28e, DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJUM After this ce leath with t marked, (Month, Day, Year) 94 1 Natural 1 YES 2 NO 00 Sue BY death 2 Accident
2 Suicide Investigation After 261. LOCATION 26e. PLACE OF INJURY — At home, building etc. (Speciful / after de ETED DIRECTOR: 4 Nomicide OME Red. Vew Sec determined twn hours CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the 29e. CERTIFIER COMPL TO THE HOSPITAL

TO THE FUNERAL (
be filed within 72 h

IMPORTANT: If it HOSPITAL MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date 29b. SIGNATURE AND TITLE OF CERTIFIER 290 LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE allmovan D07632 7-15-94 M. D 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AVE. C. ODONOVIAN BALTO 2112 DUNDALK 21122 32. REGISTRAR'S SIGNATURE 1994

\$00.

	à
	ć
	4
00/	W
000	hrhad
0	mon
5	2
Ó	210
5	artific
Ľ	ath
ñ	P
2	tho
ב כ	that
5	200
Ц	action of
-	DON ME
7	0
_	É
>	CILLIAN.
Ļ	2
)	AHO
	S
2	ALDIA
2	Ĭ,
>	OD A
5	
-	-

OCENTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the outsident of the confliction of the articular physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin 72 fours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INT. II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	HEGISTRAN				CL	THIL	JAIL	. U F	DEAL	ın		HEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH															
	DAVID SCOTT S										7	ĩ	135 P "			
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	100,110,000			IF UNDER		IF UNDER		7. DATE OF			8. BIRTHPLACE (State or Foreign Country)		
	216-09-5332	2	1XXM 2 □ F	83		YRS.										
	9e. FACILITY NAME (If not in	nstitution, give si	treet and number)				9b. CITY,	TOWN	OR LOCATE	ON OF DE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	INTY OF D		
R	015 N. KENTATOD AVENUE					BALTIMORE N/A										
5	915 N. KENWOOD AVENUE							. ملاجرت	LINOR	ند				·/ A		
DIRECTOR	10a. STATE	10b. COUNTY	1			10c. CITY,	TOWN O	R LOCA	TION						10d, INSIDE CITY LIMITS?	
	MD	N	I/A			BAL	TIM	ORE							1 YES 2 NO	
AL	10e. STP AND NUMBER							10	r. ZIP CODE	E			10g. CIT	. CITIZEN OF WHAT COUNTRY?		
띮	915 N. KENW	OOD AV	ENUE						2120	5				U.S.	A.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U	S. ARN	MED	13. V	AS DE	CENDENT O	F HISPAN	IIC ORIGIN?	(Specify Yee	or No—	14. RAC	E American Indian, k, White, etc.	
	1 Never Married 2		FORCES? 1			J			S 2 🔯 NO		n, Puerto Ric	en, etc.)		Spec		
ВУ	3 Widowed 4 Dive	orced							X						BLACK	
COMPLETED		CEOENT'S EDUC		1:	6a. DEC	EDENT'S U	SUAL OC	CUPATI	ON ost of workin	n/r	16b. K	IND OF BUS	SINESS/INI	DUSTRY		
	Elementery/Secondary (College (1-4 or 5+)	\neg	life. I	Do NOT use	retired.)			.9						
M M	8th		N/A			n/	a				BE	THLE	IEM S	TEEL		
ᅙ	17. FATHER'S NAME (First, M	Aiddle, Last)							16. MOTI	HER'S NA	ME (First, Mic	ldle, Malden	Sumame)			
BE (HARPER SCC	TT							J	ULIA	Δ					
2	19e. INFORMANT'S NAME (Type/Print)			1						Route Number					
F	ELSIE PITTM	IAN			91	5 N.	KEN	WOO!	D AVE	./BA	LTIMO	RE, M	ID 21	205		
	20e. METHOD OF DISPOSIT	on 3 Rem	oval from State			ND DATE OF		TION /N	lame of		DATE	20c. LO	CATION —	City or To	own, State	
	4 Donation 5 Other	r (Specify)	The state of the s	BA	L T	IMOR"	E piece)	CEN	1ETEF	R Y		BAL	TIM	ORE,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE							22. NAME AND AGORESS OF FACILITY								
	De Rom	111	2 John	a 10a					F.H.							
	23. PART I. Enter tha d	Hearnes or o		20	ha daa	th Dono	1110	01	E NO	RTH	AVE.	BALTI	MORE	MA	RYLAND 2120	
	shock, or h	aert failura.	List only one ceus	e op aac	h iina.	itii. Do iio	t oiltoi	Liter III	oue or uy	ing, suc	n aa carda	ic or reapi	ratory at	reat,	Approximata interval Between	
	iMMEDIATE CAUSE (Fit disease or condition	nai	() LODIA	A 1 0											Onset and Death	
	resulting in death)	→ ,	. Urevi	114												
	EN CHA CONSCIUENCE OF															
8		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE CHIEF CHORENCE IN THE CONTROL OF THE														
E	if any, leading to immediate cause. Enter UNDERLYING															
윤	CAUSE (Disease or Injuthat initiated events		c. DUE TO (OR AS A S	OHSEO	UENCE OF)				1	110	V 0			-	
ĒΙ	resulting in death) LAS	ST	480000000	,						V					1	
CERTIFICATION			0.	110												
	PART II. Other significa	ent condition	a contributing to	death but	not ra	suiting in	the und	derlyin	ng cause g	given in	Part i. 2	4a. WAS AN		248	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL	PERFORMED? AMI										COMPLETION OF CAUSE OF DEATH?					
	,												X		1 TYES 2 NO	
PHYSICIAN: M	DID TOBACC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO														
਼ੋ∣	25. WAS CASE REFERRED T									EATH (Ch	eck only one)					
i si	EXAMINER?		HOSPITAL: 1 Inpatient 2	ER/Outpati	lent 3 [OTHER Nurs		ne 5 Re	sidence	6 Other	Specify)				
إٍ إ	27, MANNER OF SEATH		26e. OATE OF	NJURY		26b. TIME	OF	26c. IN	JURY AT			RIBE HOW I	NJURY OC	CURED		
		Pending Investigation	(Month, Da	y. 19(I/)	_	INJUI	M	1 🗌	ORK? YES 2	NO						
B	2 Accident 3 Suicide 6	Could not be	28e. PLACE OF	INJURY -	At hon	ne, ferm, atr	eet, facto	ory, offic	Ce		26f. LOCAT	ION (Street	and Numbe	or or Rural	Route Number,	
国	4 Homicide	datermined	bullding, I	tc. (Specify	,						City or	Town, State)				
ا بر	29e. CERTIFIER CERT	TIFYING PHYSI	CIAN: To the best of a	ny knowied	las des	th occurred	at the st	me det	e and place	and dis	to the own	v(a) and =	mas on the	etad.		
COMPLETED	onal														e) end menner ee stated.	
8							, 51		,			p.mod; 40		-		
W	296. SIGNATURE AND TITLE	CENTIFIER	to-						29c, LICE	ENSE NUI	MBER		29d. DA1	7 /W	(Month, Day, Year)	
4	men	NUN	مسلالا						ν	> 10	ر در			1110	1/94	
	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAUS	O C	H (ITEM	27) (Type, F	rin()	M	with	TAY~	Cin	13	UV	UL	1/hed w	
	KE	717	20>>17	0/	N)		14	4	10	3	10		1/10	K	Id Mo	
	31. DATE FILED (Month, Day,	4	32. REGISTRAF				1		70	UM	110	M)) J. (ינכי		
	JUL 1 9 19	394	Alix Duids	V										-	A7212	
		0	- wantes	on the	nde m	,									DHMH-16 Rev 1/8	
						_										

£8611 /5

ours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should remain in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IN THE FUNERAL DIRECTOR: After the burial transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR	CERTIFICA	AIE OF	DEATH	REG	i. NO.			
	1. DECEDENT'S NAME (Eirst, Middle, Last) Schw	antz AKA	MARY SCHWAR	EAH	2. DATE OF DEA	DAY/6	3. TIME OF DEATH		
	216-18-4183 1 D M 2 D F	GE (In yrs. least birthday) IF YRS. MON	THE DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIFTT (Month, Day, Ye 11-2-1	bar)	BHTHPLACE (State or Foreign Country) Maryland		
DIRECTOR	9a. RACILITY NAME (Mnot institution, give street and number) AMS HOPKIUS GRUNDER RESIDENCE OF DECEDENT		TY OF DEATH						
S I	10s. STATE 10b. COUNTY	100 CITY TO	WN OR LOCA	FION			10d. INSIDE CITY		
	Maryland NA		imore	(Hollande	r Ridge		1 X YES 2 NO		
FUNERAL	2000 Odell Avenue, Apt. 1						USA		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EV. FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ES 2 XNO	If yes, sp	ENDENT OF HISPANIC ecity Cuban, Maxican, 20(XNO Specify:	C ORIGIN? (Speci Puarto Rican, et	ify Yes or No—	14. RACE American Indian, Black, Whits, etc. Specify: White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S USU	AL OCCUPATION	DN set of working	16b. KIND O	F BUSINESS/INDU	STRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade	(Give kind of work life. Do NOT use ret Home	maker	at or working	Н	ousewife	2		
5	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAM					
DE C	Joseph Godsie			Lillia	n Butle	r			
5	19s. INFORMANT'S NAME (Type/Print)			and Number or Rural Ro			(ode)		
-	Ms. Dorothy V. Decker			Stevensv					
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Removal from State 4 Donaldon 6 Other (Specify)	Glen Haven	LACEAND DATE OF DISPOSITION (Name of entry or Town Acres of the place) entry or other place) entry or the place of the p						
i	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	in E. Ecker	MCCU	Ty Funera	al Home	of Broo	oklyn		
	23. PART I. Enter the diseases, or complications that can		237	. Patapso	co Ave.	. Balto.	Md 21225 et, Approximate		
CEMILICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE OF):	mone	ny e	ider	olisa	Interval Between Onset and Daath		
	resulting in death) LAST								
	DADT il Other significant conditions contribution to deci	h h	-0.0						
3	PART II. Other significant conditions contributing to deal	in but not resulting in tr	ie underlyin	g cause given in P		AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
EDICAL	seizure disorte	/	_		_ 1 D Y	ES 2 NO	COMPLETION OF CAUSE OF DEATH?		
Σ	Summe disorte		0		-		1 TYES 2 NO		
Z	25. WAS CASE REFERRED TO MICHOLAL	diseas		105 05 05 05 1711 101					
HISICIAN	EXAMINER? HOSPITAL:		HER:	ACE OF DEATH (Chec					
	1 YES 2 NO 1 Inpatient 2 ERA 27. MANNER OF OEATH 28s. DATE OF INJU			URY AT		HOW INJURY OCCU	1000		
2	1 Netural 5 Pending 2 Accident Investigation (Month, Day, Ye		WC	PRK? YES 2 NO	zed. DESCRIBE P		INEO		
ED	3 Suicide 8 Could not be 4 Homicide 8 determined	URY — At home, farm, stree Specify)	t, factory, offic		28f. LOCATION (S City or Town,	Street and Number of State)	r Rural Route Number,		
COMPLE	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my k								
DE C	29b. SIGNATURE AND TITLE OF CERTIFIER	un		29c. LICENSE NUMB	DER S	29d. DATE	SIGNED (Month, Day, Year)		
1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Prin	0	W711		7	- 1 / 1 / 1		
	31 DATE FILEO (MONTY OPE ADI) June 32 TEGISTRAR'S	IGNATURE Concle BE							

200

City of R

nath al

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, F.O. BOX 68/60, BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
II AL MECOND	N: The law requires that the	icate has been signed by the	State Dept. of Health and M	Item 23 shows any Inju	
DIVISION OF	OR ATTENDING PHYSICIA	DIRECTOR: After this certi-	hours after death with the	Item 28 is marked, or	
	TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: If	

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.										
	1. DECEDENT'S NAME (First, Middle, Last) A. SOCIAL SECURITY NUMBER		eeler		,	2. DATE OF DEATH DA	9	SAR 2140 M			
	219 30 4118 9. FACILITY NAME (If not institution, give st	1 M 2 D F	58 YRS.	IF UNDER 1 YEAR NONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month) Day, Year)	5 1	BIRTHPLACE (State or Foreign Country) Maryland			
CTOR	NETTH AY	rundel t	osp	Gler	Bu	ruie	9c. COUNTY	OF DEATH			
DIRECTOR		arundel	10c. CITY,	TOWN OR LOCAT		sadena	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	275 Hickory Point			101	ZIP CODE 21	122		Lted States			
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPANI ecity Cuban, Mexican 2 NO Specify:		or No- 14.	RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Me. Do NOT use	rk done durina mo	DN st of working	166. KIND OF BUS		vernment			
S O	17. FATHER'S NAME (First, Middle, Last)		562	A1002	18. MOTNER'S NAM	IE (First, Middle, Malden		VELIMENTE			
BEC	William	R.	Scheeler	Sr.	Agnes		G.	Miller			
TO B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural R	oute Number, City or Town	, State, Zip Co	de)			
F	Ruth M. Scheeler		275 H	ickory I	Point Rd.	, Pasadena	a, MD	21122			
	20a, METHOD OF DISPOSITION 1 X Buriat 2 Cremation 3 Remo	oval from State 20b.	PLACE AND DATE OF	DISPOSITION (Na	me of	DATE 20c. LOC	DATE 20c. LOCATION — City or Town, State				
1	4 Donation 6 Other (Specify)	IG1	etery, crematory or other en Haven		al Park 7		9/94 Glen Burnie, MD				
	· Stoll A	Herry	w_	McCi	ally Fune	ral Home o n Rd., Pas					
ERTIFICATION	23. PART I. Enternth diseases, or canock, or heart fellure. If it is a shock, or heart fellure. If it	DUE TO (OR AS A A S C V	ich ilne.	rdiac		r hythn		interval Batween Onset and Death			
CALC	PART II. Other significant conditions	contributing to death be	at not resulting in	the underlying	ceuse given in F	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
: MEDIC						1 □ YES 2	NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
₹	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chec	ck anly one)					
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	s 5 ☐ Residence 6						
BY PHYSICIAN:	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. (NJ)		28d. DEŞCRIBE NOW IN	JURY OCCUR	ED			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, str fy)	eet, factory, office	·	261. LOCATION (Street e. City or Town, State)	nd Number or I	Rural Route Number,			
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated, one) MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner es attained.										
TO BE	30. NAME AND ADDRESS OF PERSON WHO	ACOMPLETED CALIFE OF THE	Depu	ty	DO6	054	29d. DATE SI	GNED (Morth, Day, Year)			
	31, DATE FILED (Month, Day, Year)	JON 65	MO	64	5 An	nerica	2	1035			
4	JUL 1 9 1994 &	the Seviden D.	AT ONE								

3. TIME OF DEATH

B. BIRTHPLACE (State or Foreign

9c. COUNTY OF DEATH

WASHINGTON, D.C.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR JAMES RUSSELL SHADID CERTIFICATE OF DEATH REG. NO. REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Russell hadid ames Suly 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. JAN. 8,1949 579-68-0315 Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR MONTGOMERY GENERAL HOSPITAL OLNEY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND MONTGOMERY OLNEY permit FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 18908 ROLLING ACRES WAY 20832 use as the burial-transit retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 N Widowed 4 Divorced COMPLETED t6e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sne Elementary/Secondary (0-12) funeral director, page 5 should be detached for College (1-4 or 5+) LOAN OFFICER BANKING once. 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First Middle Maiden Sumame) JOHN N. at SHADID PAULINE BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JAMES DANIEL SHADID SAME AS # 10 2 Pe 20a. METHOO OF DISPOSITION

1.36 Burlal 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of ours after death. Page 6 may DATE must LATIONSVILLE CEMETERY 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MURIEL H. BARBER FUNERAL HOME POB_{ox} 5038 LAYTONSVILLE, MARYLAND filled in by the fillion, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fallura. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition the cremation. completely (Hear Valvular Dc saas resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF) to burial, executed traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate death certificate be physician prior cause. Entar UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST attending p 6 the atter injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the requires that any 1 TYES 2 NO shows L of B PHYSICIAN: WP has be 23 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) certificate t EXAMINER? HOSPITAL: OTHER: ATTENDING PHYSICIAN: 1 | Inpetiant 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, INJURY 1 Netural 5 Pending t YES 2 NO BY After I 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 12 6 Could not be determined MPLETED H.S 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besie of examin ation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as atated. S 296. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER BE HT CT HT CT MPOR 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

auber

Juna Davidson Bando

8218

WISCOUSIN

ah

[1 9 1994

MONTGOMERY 10d. INSIDE CITY 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? UNITED STATES 14. RACE — American Indian, Black, White, stc. Specify: WHITE SHADID 20c. LOCATION - Cify or Town, State 7/18 LAYTONSVILLE, M D. 20882 Approximate Interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

29d, DATE SIGNED (Month, Day, Year)

14

. . .

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3

P.O. BOX 68760

V)
α
0
O
Ш
Œ
V
=
>
II.
0
Ž
0
S
=
2
-

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.	DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit	The 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OR ATTEND	RECTOR: /	im 28 is
0	0 3	-

notified at

pe

must

examiner

shows any

28

0 9 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

601

32. REGISTRAR'S SIGNATURE a Savidson

Locat

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 994 WILLIAM ENWARD UCHANEKJ 12:45 PM JULY 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIFTN (Month, Day, Year 8. BIRTNPLACE (State or Foreign DAYS 215-24-3486 12 M 2 - F 65 YRS Feb. 4. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore City N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore City 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3811 E. Northern Parkway 21206 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 XNO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced White Korean COMPLETED 10a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher 2 Years Elementary/Secondary (0-12) Night Manager Crown Station 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William E. Suchanek, Sr. Edna V. Clark BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLtNO ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2 3811 E. Northern Parkway, Baltimore, Maryland 21206 Cynthia M. Suchanek 20a. METNOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 1 Donetton 5 Other (Specify) Green Mount Cemetery 7/18 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, spock, or heert fellure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final MYOCALBIAL INFARCTION

DUE TO (OR AS A CONSEQUENCE OF): diseese or condition 48 HRS resulting in death) YPERTENSION CERTIFICATION Sequentielly list conditions DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events reculting in deeth) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 NES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO Inpstient 2 - ER/Outpetient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural INJURY М 1 YES 2 NO BY Investigation 2 Accident 3 Sulcide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be LETED 4 Nomicide 29e. CERTIFIER
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Chack only
(Ch 2 MEDICAL EXAMINER: On the beals tigstion, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day 2

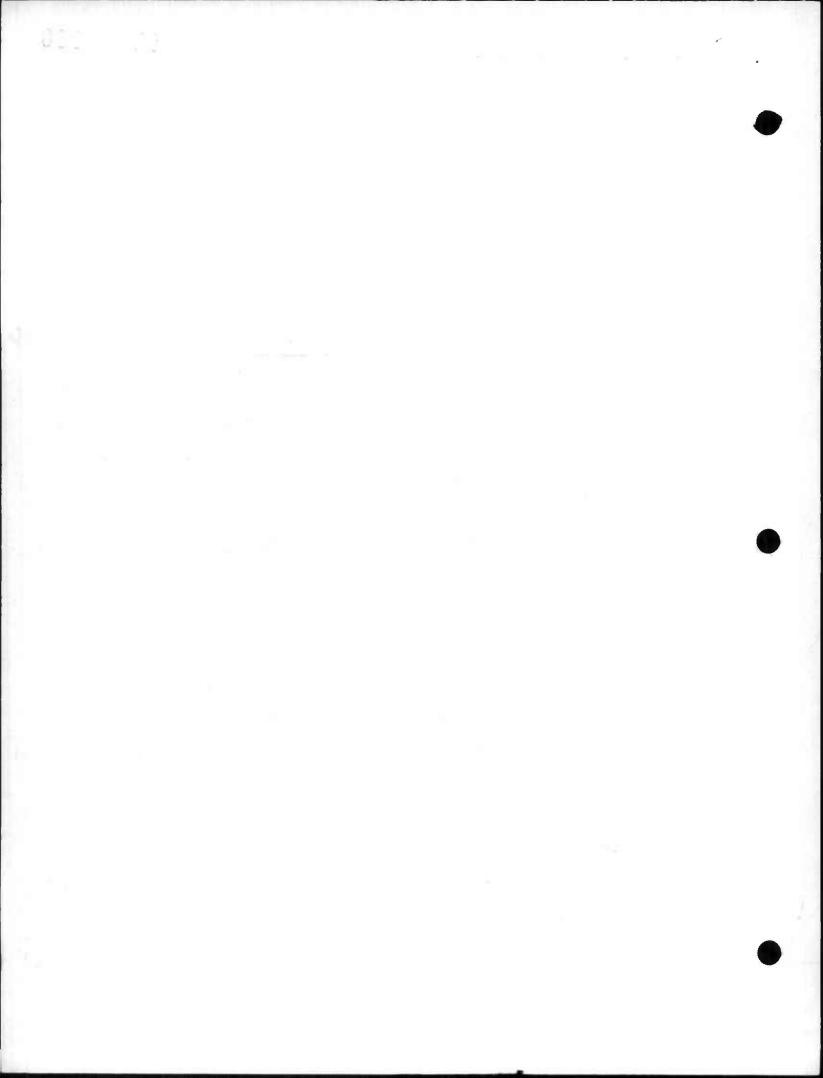
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within within with redeath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It leam 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	ITEM: 16a, PER F.H. F	ILM G-713	7/19/94	t.t									
	1 - FOR STATE REGISTRAR	STATE OF M					EALTH AND DEATH	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, List) Bailey Alfred Th	nomas	-					2. DATE OF DEATH MONTH July 14,	**199	4 YEAR	3. TIME OF DEATH 7:40 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH			PLACE (State or Foreign		
	220-26-9009 1½ M 2 ☐ F			YRS.	MONTHS	DAYS	HOURS MIN.	Jan 19, 1		Mary	land		
DIRECTOR	Northwest Hospit				R LOCATION OF D LS COWN	EATH		INTY OF DE 1timo	re County				
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		I see CIT	Y, TOWN C	OR LOCAT	ION						
		imore			ster		4.00		10d. INS 1 YI				
FUNERAL	12603 Mount Lau	el Court				10f.	21136			10g. CITIZEN OF WHAT COUNTRY? USA			
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	YES 25	ARMED	- 1	If yea, spe		NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	a or No—	14. RACE Black Specifi	- American Indian, White, etc.		
	15. DECEDENT'S EDU		16a.	DECEDENT'S	USUAL O	CCUPATIO	N .	16b. KIND OF BU	SINESS/IN	OUSTRY			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	F)	(Give kind of life. Do NOT u hief R	se retired.)		OFFICER OFFICER				g & Manufac		
ME	17. FATHER'S NAME (First, Middle, Last)	4		iler i	inceu	CIVC			_	299111	g a Handrac		
BE CC	Bailey	T	homas				Mary	AME (First, Middle, Maiden	,	Hopki	ins		
5	190. INFORMANT'S NAME (Type/Print) Jennefer J. Thom	as						Route Number City or Tow Ourt, Reis			MD 21136		
	29a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LQCATION — City or Town, State												
	Asbury U. Meth. Ch. Cem. July 18, 1994 Asbury U. Meth. Ch. Cem. Mt. Vernon, Maryland 22. NAME AND ACCRESS OF FACILITY Dulaney Valley Home of												
	Bryan W. Clar) (V (I)	4)	Le	emmoi W.	n-Mitche Padonia	11-Wiedefe Road, Tim	ld,I oniu	nc. m, MD	21093		
	23. PART I. Effer the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdlec or reepiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CADSP (Finel diseases or condition resulting in death) a. ARRA (S CORROTIC CARDI) VASCU/OR DISEASE DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d.												
PHYSICIAN: MEDICAL C	PATFORMED? AVAILABLE									WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ME	DID TORACCO LICE	CONTRIBUTE	- TO CA	LICE OF	DEAS	911 V	FC [] \/				OF DEATH? 1 (C) YES 2 NO		
A	DID TOBACCO USE	CONTRIBUTI	IO CA	USE OF	DEA								
SICI	EXAMINER? 1 PYES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER	٦:	ACE OF DEATH (CI	6 C Other (Specify)	lo R+L	6/055	HASD CONTES		
	27. MANNESTOF OEATH 1 Netural 5 Pending	28s. DATE OF (Month, D		26b. TIN	IE OF JURY	_	RK?	28d. OEŞCRIBE HOW	INJURY O	CCURED			
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined							281. LOCATION (Street City or Yown, State		or or Rural R	outs Number,		
COMPLETED	and the second							a to the cause(a) and ma			and manner as stated		
BE CC	296. SIGNATURE AND VITLE OF CERTIFIE		an		2	2	29C LICENSE NU		,		(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (TEM 27) (Type	Print)	-	1	, , ,		/ ~ /	3-41		
	405 FREDRICK AVE CATONSVILLE MARYLAND 21228												



Pages 1, 2, 3 should

permit.

etached

DIVISION OF VITAL RECORDS, P.O. BOX 68760

5	P	
3	ă	
8	B	
·S	100	
를	S	
2	96	
. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be d	
9	100	
9	Fe	
E	9	
÷.	9	
ea	Ž	
70	36	ë
aff	6	ğ
Sin	.5	9
20	B	0
	=	HOU
	6	200
Mid	ple	Je .
P	E .	-
ute	8	Ma
9	B.	3
63	5	2
0	ici.	è
ate	E S	d
THE STATE OF	0	ë
Se	di	2
•	ten	<u></u>
9	at	eg eg
the	6	2
Jat	5	an
S	nec	들
aje.	Sg	훈
De la	ee.	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
3	Ď	H.
0	has	å
E	ate	ate
3	10	ŝ
3	ert	the
3	S	6
E	Ē	*
9	ter	att.
ā	A	de
EN	OR.	ter
A	5	100
H	3	M
0	0	ž

Hem

EINERAL MININ 72 MINIE II

COMPL

medical

the

ITEM: 1. PER F.H. FILM G-713 .7/19/94 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) MALCOLM 2. DATE OF DEATH TINGLER A SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year 5 SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 65 1X M 2 | F 231-32-7284 05-13-1929 VIRGINIA Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARBOR HOSPITAL CENTER DIRECTOR BALTIMORE N/A RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES A NO ANNE ARUNDEL GLEN BURNIE MARYLAND 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE U.S.A. 1132 WYNBROOK ROAD 21060 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? X X YES 2 ☐ NO IF. YES, GIVE WAR OR DATES KOREAN 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, 1 Never Married 2 Merried If yes, specify Cuben, Mexican

1 YES 2 NO Specify: Specify: WHITE BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16a. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highe HOWARD COUNTY BUREAU ny/Secondary (0-12) NONE NONE OF HIGHWAY COMPL PARTS SUPERVISOR 18. MOTHER'S NAME (First, Middle, Melden Surname)
TAYLOR once. 17, FATHER'S NAME (First, Middle, Last) GEORGE M. TINGLER BE notified 19e. INFORMANT'S NAME (Type/Print) 2 21060 GLADYS M. TINGLER 1132 WYNBROOK ROAD, GLEN BURNIE, 9 20b. PLACE AND DATE OF DISPOSITION (Name of CRESTEAWN) MEMORIAL PK. 1994 MARRIOTTS VILLE, MD. 28p. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removat from State must 4 ☐ Donation 8 ☐ Other (Specify) 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME

1 SECOND AVENUE, S.W. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE GLEN BURNIE, MARYLAND 21061 the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 23. PART i. Enter the diseases, or complications that can Approximata shock, or heart failure. List only one cause interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Disemenated Intravascular Coaquelopathy resulting in death) event, ASCVD
DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING RENAL FAILURE CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST ABDOMINAL ACRTIC ANECIRYSM 6 Injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL any HISTURY 1 TYES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) item HOSPITAL: OTHER: 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 00 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending M 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide -60 ETED. 8 Could not be DIRECTOR: A hours after d item 28 is 4 Homicide

29e, CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) end menner se stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

willand

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3001 S. Havover St. Balt INO R. ARQUILLAND 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE JUL 1 9 1994

ours after death. Page 6 may be retained by the hospital or attending physic	lely med in by the funeral director, page 5 should be detached for use as the burial mation, or removal.	After the self-transfer of the
ours after death. Page 6 may be vestioned Physicians: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physic	TO THE PHYCHAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached for use as the burial.	and the state of the second sections of the second section and the second second second second section and the second sec

	1 - FOR STATE REGISTRAR			DEPAR					MENTAL HYGIEN REG. NO.		0 9	
	1. DECEDENT'S NAME (First, Middle, GENEVIEVE				URNE	R			2. DATE OF DEATH DO 07 14		3. TIME OF DEATN 4 04:25 AM M	
	4. SOCIAL SECURITY NUMBER 212 12 5714	5. SEX	6. AGE (In yrs. In	st birthday) YRS.	IF UNDE	DAYS	HOURS -	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) July 31,1	908	8. BIRTNPLACE (State or Foreign Country) Maryland	
~	9e. FACILITY NAME (If not institution,	give street and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF D				
TOF	NORTH ARUNDEL	HOSPITAL AS	SOCIATI	ON	G	LEN	BURN.	IE		A	.A. COUNTY	
DIRECTOR	Maryland 10b. co	Anne Arund	le1	10c. CIT	Y, TOWN	OR LOCAT	TION	nac	adena		10d, INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				_	101	f. ZIP COD		aderia	10g. CITIZ	1 YES 2 X NO	
COMPLETED BY FUNERAL	8242 Bodkin A	12. WAS DECEDEN	T EVED IN 11 0 A	DIMED	140	W#0 DE0	CHOCAL C		122 HC ORIGIN? (Specify Yes		ted states	
	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	NO	13.	Il yes, sp	ecity Cube	n, Mexica	n, Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc. Specify: White	
	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	BEDUCATION grade completed) College (1-4 or 5 +	100	ECEDENT'S Give kind of a. Do NOT u	USUAL (work done se retired.)	during mo	ON ost of workin	ng	16b. KIND OF BUS	omest.		
OMP O	WNKNOWN 17. FATHER'S NAME (First, Middle, Las	nt)		110	JINCIII	aver	I 18 MOTO	NER'S NA	ME (First, Middle, Maiden		IC	
BE C	Frederick		etzger				10. 1101	NET 5 TA	me (i iist, moons, madeir		aynor	
0	190. INFORMANT'S NAME (Type/Print) Dennis W. Turi		19						Poute Number, City or Tow Pasadena, M		Code) 21122	
	20a METHOD OF DISPOSITION 1 Date 20c. LOCATION - City or T Cit											
	21. SIGNATURE OF FULL TALL SERVICE CONTROL OF FACILITY MCCUlly Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD 21122										adena	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST										Ham	
										24b. WERE AUTOPSY FINDINGS		
: MEDICAL									PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)			
HYSI	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 I		28b. TIN	4 🗆 Nu	raing Non	URY AT	sidenca	6 Other (Specify)	NJURY OCC	NASED	
ВУ Р	1 Natural 5 Pending Accident Investiga	ition		IN.	JURY	1 🗆	YES 2	NO				
	3 Suicide 6 Could re 4 Homicide determin	or we pullding.	of INJURY — At he etc. (Specify)	ome, lerm,	street, fa	ctory, offic	:•		261, LOCATION (Street City or Town, Stete)	and Number	or Rural Route Number,	
COMPLET		PNYSICIAN: To the bast of a									ed. e cause(e) end manner ee stated.	
TOBE	29b. SIGNATURE AND TITLE OF CER	V MAND V	4/m)			29c. LIC	ENSE NUI	WBER	29d. DATE	SIGNED (Month, Day, Year)	
7	HILARY T. O'HE	RLIHY, M.D.				RIVE	#20	8/GL	EN BURNIE.	MARY	LAND 21061	
	JUL 1 9 1994	32. REGISTRA	R'S SIGNATURE						,			
	001 3 1334	July Davids	1 Bades	-							DHMH-18 Rev 1/89	

BAL	death	ž	
m	ther	y the	leven
	23	P.	CAR
	ě	pa	2
		y fil	nin
Ď,	With	pletel	remai
2	pet	E03	-
õ	DOC	and	harry
ž	20	ian	77 70
ğ	cate	physic	in ari
o.	certif	Sing	volen
J.	eath	апел	H lett
2	he d	静	Mar
Ī	at t	8	and
	as the	gned	paith
П	equir	S	A H
L	W	P	E
A	Je 12	has	De De
	FIN	icate	State
_	SICIA	certif	the
5	PHYS	this	With
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	DING	After	death
0	TEN	OR:	fter
>	N	딮	ï
2	9	S	e de
	THE OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the burs after death	UNEFIAL OFFICIOR: After this certificate has been signed by the attending physician and completely filled in by the fune	after death with the State Dent of Health and Mental Horison prior to heids premaries

28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	MENT OF H	EALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last Helen L. Urqu				DEATH	2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATN		
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	July 17		ITNPLACE (State or Foreign		
~	244-34-0069	1 □ M 2 🔀 F 🤞	7 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	rthCarolina		
	9e. FACILITY NAME (If not institution, give	street end number)		96. CITY, TOWN O	OR LOCATION OF DI		9c. COUNTY OF			
DIRECTOR	Kimbrough Arm			Ft. N			Anne A	Arundel		
DIRE	MD Anne	m Arundel	oder	town on Locat	TION			10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN O	1 ☐ YES 2 ☐MNO F WHAT COUNTRY?		
ER.	1228 Queen An	ne Ave.		21	1113		USA			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES	2 - NO	If yes, sp	ENDENT OF HISPAP ecity Cuben, Mexica 2 NO Specifi	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	Bi	CE - American Indian, ack, White, etc. ecity: Black		
TED	16. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECEDENT'S L	ork done during mo	ON st of working	166. KIND OF BUS	SINESS/INDUSTRY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema)	•		Н	ousehol	ld		
SON	17, FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden				
H	Bramon Long					rtle Max				
2	19a. INFORMANT'S NAME (Type/Print) Sherman Urquh	eart				Route Number, City or Town		21113		
	20a. METNOD OF DISPOSITION 1 Surial 2 Cremation 3 Re	moval from State 20b	PLACE AND DATE Of	F DISPOSITION (Na	me of	DATE 20c. LO	CATION — City or			
	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	Ma	ryland	Vetera	INS Cem		ownsvi.	lle, MD		
	F/ hust	4 1/2	- his	Harde	esty Fu	neral Hor				
	23. PART I. Enter the disesses, or		the death. Do no	112 Ri	da of dying, such	Ave. Anna	apolis	MD 21401		
	ahock, or heart fallure IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Ves pivut	achtine.	i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	b		Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST b. CMVDNU OBSTVULBUL pulmonuk y discuss 10 yvs DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
AL C	PART II. Other significant condition	one contributing to death b	ut not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS		
DIC	15 Chemic her	it disease				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
BY PHYSICIAN: MEDIC	atrial trure	Marin				_ '		1 - YES 2 - 10		
AN	25. WAS CASE REFERRED TO MEDICAL			26 04	ACE OF DEATH (Che					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:		6 Cher (Specify)				
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJI		28d. DESCRIBE HOW II	NJURY OCCURED			
B	Natural 5 Pending Accident Investigation	JULY 17	14 025	2m 1 0 A	ES 2 NO					
ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, sti	reet, factory, office	·	28f. LOCATION (Street e City or Town, State)	nd Number or Rura	I Route Number,		
2	290. CERTIFIER CERTIFYING PNY	SICIAN: To the beat of my knowle	edge, death occurred	at the time, date	end place, end due	to the cause(s) and man	ner es stated.			
1		IER: On the basis of examination						e(e) end menner ee stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE Leantho	Pena mi			J-018	4	29d, DATE SIGNE	ED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	TN (ITEM 27) (Type, F	Print)	4 0,0	<i>∞ 1/</i> \	1170	-1.		
	1. DATE FILED (Month, Day, Year)	12. REGISTRAR'S SIGNA	TURE							
	JUL 1 9 1994	John Swiden &	lack or							

ζ	9
נ ם	after
	ELLS.
	8
	6
Ų	/金
5	M
-	8
5	2
į	8
١	8
?	62
2	Ca
ŝ	ē
,	8
L	듄
ŝ	de
í	2
ä	1
5	4
í	SS
í	Ž
Ξ	9
CITIZENIA IN THE COURTS, F.O. BOX 00100	3W
ζ	9
00	E
•	SICIAN: The
	0
5	2
	4
	9
)	8
5	E
	5
	æ
)	L OR ATTENDING PHY
	S
	0
	F
	0

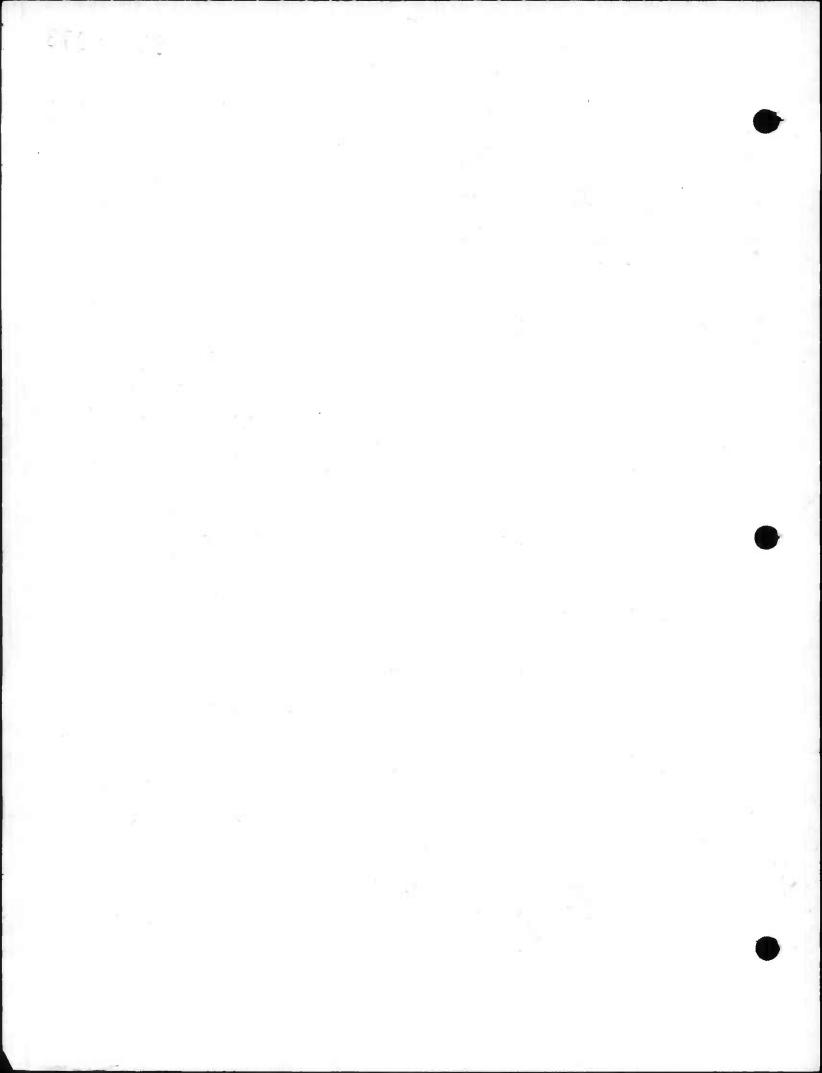
		1 - STATE REGISTRAR	STATE OF MARYL	LAND / DEPAI CERTIF						GIENE			
		1. DECEDENT'S NAME (First, Middle, L	est)		-				2. DATE OF DE		VI	3. 1	TIME OF DEATH
		EUGENIA			,				7	14	94	3	9:35 рм
		4. SOCIAL SECURITY NUMBER	.0	(In yrs. lest birthday) 7 7 YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BII (Month, Day,	Year)		Country)	CE (State or Foreign
place		219-20-6327 9e. FACILITY NAME (If not inetitution, g		73 YRS.	9b. CITY	. TOWN O	R LOCATIO	ON OF DE	05/18		c. COUNTY		Land
2, 3 should	BO	Greater Baltimo		nter		wso		011 O1 BE			Balt		
s 1, 2	اظ	RESIDENCE OF DECEDENT									ратс		
Page	DIRECTOR		ltimore	10c. CI	TY, TOWN (OR LOCAT		eni	v				LIMITS? YES 2 X NO
permit, Pages 1,		10e. STREET AND NUMBER				101.	ZIP CODE		.A	10	g. CITIZEN		COUNTRY?
	FUNERAL	13701 Bardon	Road				2	2113	31		U	SA	
21215-0020 or attending physician. r use as the burial-tran	J.	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO		If yee, spe	city Cube	n, Maxice	IIC ORIGIN? (Spen, Puerto Ricen,		No- 14.	RACE — / Black, Wh	American Indian, lite, efc.
fing pl	BY	3X Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES		1 TYES	² X NO	Specify		,		Specify: V	Vhite
21215-0020 al or attending physic for use as the burial	9	15. OECEDENT'S (Specify only highest g		16e, DECEDENT'S	S USUAL O	CCUPATIO	N st of workin		16b. KJND	OF BUSINE	SS/INDUST	RY	
tal or	Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT u	rse retired.)								
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit at once.	COMPL	12 17. FATHER'S NAME (First, Middle, Last		Nursin	g As	SIS			Phy:	sicia		0f1	ice
	E C		Edgar King				10. MOT		Eugen:				
MARYLAND retained by the hospit 5 should be detached notified at once.	TO BI	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRES	S (Street e	nd Number		Route Number, Cit				
(D) (m)	ř	Eugenia Pick	ett	6136	Chi	nqu	apir	ı Pk	wy. B	altin	more	, MI	21239
BALTIMORE, or death. Page 6 may be the funeral director, page rai.		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 1	Ramoval from State	b. PLACE AND DATE	OF DISPOS	SITION (Na	me of		DATE	20c. LOCATI			
ALTIMOR leath. Page 6 m funeral director, xaminer must		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	E CCENSEE	etro Cr	emat	Ory	, IT	IC.	0//15	Bal:	timo	re,	MD
ALTIN death. Pag e funeral di I. examiner		1002	C. June All	_	Cr	ema	tion	ı So	ciety	of l	Mary	land	i, Inc.
B/ irs after of in by the removal.		George E. 23. PART i. Enter the diseases,		d the death. Do	29	9 F	rede	ric	k Rd.	Balt	timo	re.	MD 21228 Approximete
D o E		shock, or heart fellu	ire. Liet only one ceuse on e	eech line.				rig, suci	i sa cerdiec o	и тевриало	ny strest	' 	Interval Between Onset/end Desth
within mo pletely filled cremation, or	I	disease or condition resulting in death)	140 (a	udia	Sulo	uct	5						Dop
68760, ecuted within and completely burial, cremat atic event, i		Todating it doubly		CONSEQUENCE C									Dag
coecuted and com burial,	NO N	Sequentielly list conditions,	C + 4	A CONSEQUENCE C	ND:								049
e be sician rior traur	ATI	If any, leeding to immediate cause. Enter UNDERLYING	DOE TO (ON AS	A CONSCOUENCE (e):							İ	
O. B ertificate ing phys rgiene p	Ĭ.	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS	A CONSEQUENCE O	F):							-	
G 분 를 들	CERTIFICATION	resulting in death) LAST	d										
Se a se se	CAL C	PART II. Other significent condi	tione contributing to deeth i	but not resulting	In the ur	nderlylng	cause g	given in	Part I. 24s.	WAS AN AUT			E AUTOPSY FINDINGS
that the arr	200									YES 2	1	CON	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
O 5 5 8 8	MEDI												YES 2 NO
> 0 0 0	A.	DID TOBACCO USI		CAUSE OF	DEAT			NO					
一年 章 章 星	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Vinpatient 2 ER/Out		OTHE	A:			eck only one)				
2 5 5	H	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. Tif	4E OF	28c, INJU	URY AT	eldence	8 C Other (Spec		RY OCCUR	ED	
NG PHYS ng PHYS fter this c eath with	ВУ Р	Netural 5 Pending	(Month, Day, Year)	IN	JURY M	1 🗌 Y	RK? 'ES 2] NO					
VISION ATTENDING ECTOR: After s after death	ED	3 Suicide 8 Could not		Y — At home, farm,	street, fact	lory, office	1		281. LOCATION City or Town	(Street end I	Number or F	Rural Floute	Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is man		An CENTICIED A	71.										
TAL O	COMPLET		HYSICIAN: To the best of my know										
211			MINER: On the beele of examination	on end/or investigati	on, in my c	opinion, de	eath occur	ed at the	time, date end p				
TO THE HO TO THE PORTO	BE	296. SIGNATURE AND INTAE OF CURPT	ams				D S	A7	2/	29	d. DATE SI	GNED (No	oth, Day, Mear)
PPE	2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	a, Print)		, ,		/		-	1200	<i>(</i>)
(6)		Mark Lamos,	M.D. 6701	N. Char	rles	St	reet	В	altimo	ore.	MD	2120)4
		JUL 1 9 1994	32. REGISTRAR'S SIGN										

51...

DHMH-18 Rev 1/89

×	
X	
BOX	
00	
ш	
0	
_	
0	
liste.	
-	
S	
U)	
α	
-	
\cap	
_	
()	
RECORD	
ш	
-	
ш.	
=	
Q.	
_	п
_	1
_	
\rightarrow	
-	
11	ď
-	
\cap	
N OF VITAL	
-	
Z	٠
=	
O.	
ISION	
10	
U)	
_	ď
\rightarrow	
	3
\overline{a}	ü

		-	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL HYGIEN REG. NO			
			1. DECEDENT'S NAME (First, Middle, Last) VERKOV		IEMA			2. DATE OF DEATH	8,	94 3.	TIME OF DEATH O
P	İ		4. SOCIAL SECURITY NUMBER 213-05-9102	1½ M 2 □ F 8	(In yrs. last birthday,	MONTHS DAY	B HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 26, 1	906	Country)	aryland
2, 3 should	9	5	9a. FACILITY NAME (# not institution, give s Northwest Hospita				n or Location of Di andallsto			nty of OEAT 11timo	
—	DIBECTOR		RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CI	TY, TOWN OR LO				10	d. INSIDE CITY LIMITS?
020 physician. burlal-transit permit. Pages			Maryland 100. STREET AND NUMBER	Baltimore			Randal 101. ZIP CODE	lstown	10g. CITI		T COUNTRY?
cian. -transit	ELINED		3702 Collier Road	d 12. WAS DECEDENT EVER	N II S ADMED	12 446 /	211		4	ed St	
215-0020 attending physician. ise as the burlat-tran	2	5	1 Never Married 2 Married 3 Widowed XX Divorced	FORCES? 1 YES	2X NO	If yea,	specify Cuban, Maxica 'ES 2 NO Specif		a or No	Black, W	American Indian, Inita, atc. Saucasian
21219 al or atten for use as	ETED		15. DECEDENT'S EDU (Specify only highest grade	completed)	18a. DECEOENT (Give kind o life. Do NOT	S USUAL OCCUPI work done during	ATION most of working	16b. KINO OF BU	SINESS/IND	USTRY	
ND 2 nospital	٥		Elementary/Secondary (0-12) 8th	College (1-4 or 5+)			Operator	Baltimo	re Ti	ransit	Company
MARYLAND 2 retained by the hospital 5 should be detached to	ल			ohn Ralph Va				Clara A.	Bre	eyer	
	T C		19s. INFORMANT'S NAME (Type/Print) Vernon A. Vannema	n, Jr.				Aboute Number, City or Tow. $11 { m stown}$, ${ m MD}$			
ALTIMORE, leath. Page 6 may be funeral director, page	must be		20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		esterni (July 22,			city or Town,	
	examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LOTING Byers Funeral Directors, INC. 8728 Liberty Rd Randallstown, MD21133-478								
within hours aft	rent, the m		23. PART I. Enter the disesses, or ahock, or heart feliure. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	e. Acute	ech line.	3nov+		th ss cardiac or resp			Approximats interval Between Onset and Death
certificate be execution physician and Hydiene orion to bur	or other traumatic		Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST	c	A CONSEQUENCE						
DS, the dec	injury, o	11	PART ii. Other significent condition	ns contributing to death i	but not reaulting	in the underly	ring ceuse given in	Pert i. 24a. WAS AN			FRE AUTOPSY FINDINGS
w requires that the been signed by to of Health and	- 0		FIBRILLATION	· Valuelan	HORE;	- DISEM	ce NID	PERFOI 1 YES :		CC	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
~ 0			DID TOBACCO USE (CONTRIBUTE TO	CAUSE OF	DEATH	YES NO) 4		27000	
上 年 智慧			EXAMINER? 1 VES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER:	ome 5 - Rasidence				
NOFVI IG PHYSICIAN: ter this certifica ath with the St	marked, or BY PHY	. ()	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)		IJURY	INJURY AT WORK? YES 2 P NO	28d. DESCRIBE HOW	HJURY OC	CURED	
DIVISION R ATTENDING DIRECTOR: After after death	M 28 is r		3 Suicide 8 Could not be detarmined	28a, PLACE OF INJUR building, etc. (Spe	icify)	street, factory, o	ffica	28f. LOCATION (Street City or Town, State			e Number,
	OMPI			ICIAN: To the best of my know ER: On the basis of examination							nd manner as stated.
五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五	IMPORT TO BE	1	296. SIGNATURE AND TITLE OF CERTIFIE	Rs A	vs.		D 19	MBER 502	29d. DAT	Z-/	S-24
	F		30. NAME AND ADDRESS OF PERSON WITH	CONANA	`	e, Print)	RANDAI	CE TOWN /	Spil	21	earter
			31. DATE FILED (Month, Day, Year) JUL 1 9 1994	32. REGISTRAR'S SIGN					<u> </u>		



DHMH-18 Rev 1/89

1

-	
0	
9	
-	
_	
00	
9	
~	
$\boldsymbol{\varkappa}$	
BOX	
=	
ш	
0	
\circ	
0	
_	
En-	
ഗ	
0	
$\mathbf{\alpha}$	
Ō	
RECOF	
O	
Ш	
Ш	
Œ	
- RE	
_	
⋖	
\vdash	
_	
>	
LL.	
$\overline{}$	
0	
_	
4	
SION	
\simeq	
10	
0)	
_	
_	
$\overline{}$	

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Maxine Lindstrom Wilhelm Ju1y 1:05 P. M 1994 4. SOCIAL SECURITY NUMPER 5. SEX 6. AGE (In vrs. lest birthdey 7. DATE OF BIRTH (Month, Day, Year)
Aug. 23 1919 IF UNDER 1 YEAR IF UNDER 24 HRS 1 M 2 X F DAYS HOURS 74 396-14-2383 Aug. Wisconsin Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 11 Stone Row Court Hunt Valley Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Hunt Valley 1 TYES 2 X NO use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11 Stone Row Court 21030 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 X Merried BY 3 Widowed 4 Divorced WW II White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 5+ Teacher Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) 百 Carl E. Lindstrom BE Magdelene 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles Bell Wilhelm 11 Stone Row Court, Hunt Valley, MD 21030 Page 6 may be pe 20e. METHOD OF DISPOSITION

1 Buriel 2 Coremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Metro Crematory, Inc. Catonsville, MD 21. SIGNATUME OF PUNETIAL SERVICE LICE

Martin D. La examiner 22. NAME AND ADDRESS OF FACILITY funeral urs after death. Lawson Lemmon-Mitchell-Wiedefeld, Inc. n by the furnitude 10 W. Padonia Rd., Timonium, MD 21093 medicai 23. PART I. Enter the diaeasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arreat, completely filled in by Approximate shock, or heart failure. List only one cause on each line. Interval Between 9 IMMEDIATE CAUSE (Final Onset and Death cremation. the disease or condition within event. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) executed DIRECTOR: After this certificate has been signed by the attending physician and con hours after death with the State Dept, of Health and Mental Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate death certificate be DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury other that initiated events resulting in death) LAST 6 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO 00, апу alr COMPLETION DF CAUSE OF DEATH? Shows 1 YES 2 NO CONTRIBUTE TO CAUSE OF DEATH YES DID TOBACCO USE NO D PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER 1 YES 2 NO OR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 I DOA 8 Dither (Specify) 0 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Netural 5 Pending BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide item 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. HOSPITAL (FUNERAL D within 72 h TO THE HOSPITAL
TO THE FUNERAL (
De filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the beels of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) July 18, 1994 D 37280 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Jerald Insel 5601 Loch Raven Blvd, Baltimore, MD 21239 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUI 1 9 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

年。 II v . American A

m	after
	Sugar
	24
90,	within
(687	executed
6	2
.O. B	certificate
σ,	death
õ	the
N.	that
RECC	requires
_	MP
TA	The
OF VI	HYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no
	PITAL C
	HOS

		1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIE					
		1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
		CATHERINE 4. SOCIAL SECURITY NUMBER		ITE				7 -1994	11:45 pm			
Pi		215-44-1361	1 🗆 M 2 💢 F	E (In yrs. last birthday) 83 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH (Month, Day, Year) 2-17-19	, c	INTHPLACE (State or Foreign Duritry) MARYLAND			
3 should	æ	9a. FACILITY NAME (If not institution, give				OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH			
1, 2,	СТОВ	ROLAND PARK PL	ACE		BALTI	MORE						
permit. Pages	DIRE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										
mit.		MARYLAND 10e. STREET AND NUMBER		F	BALTIMO				1 X YES 2 NO			
sit pe	ERAL	830 WEST 40TH	CUDEEU		1	21211		44	10g. CITIZEN OF WHAT COUNTRY?			
burial-transit	FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13, WAS DE		NIC ORIGIN? (Specify Ye	U.S.	A • IACE — American Indian,			
the	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IE VEC CIVE WAR OR DATES			pecify Cuban, Maxica S 2 NO Specif	n, Puarto Rican, etc.)		Black, White, atc.			
use as	밀	15. DECEDENT'S EDU (Specify only highest grad	JCATION completed)	(Give kind of	USUAL OCCUPAT work done during m	ION pet of working	16b. KIND OF BU	JSINESS/INDUSTR				
	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	III. Do NOT u	ise retired.)	out of working	***					
detached for once.	COMP	17. FATHER'S NAME (First, Middle, Last)		Housi	EWIFE	40 1405145010 110		DMEMAKI	SR			
5 E	Ŭ	MAURICE WHITE	IDGE			VALUE OF THE PARTY	ME (First, Middle, Maide) MCKENZ					
5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADORESS (Street		Route Number, City or Tox)			
page 5 should be notified	F	SUSAN S. XANDE							MILLS, MD.			
must		20a. METHOD OF DISPOSITION 1	noval from State	Ob. PLACE AND DATE ST. Cremetory or C ST. THON					Town, Stata 21117			
tuneral di I. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS CO.										
al.		William!	William K. Parls 111 4905 YORK RD. BALTO., MD. 21212.									
or removal medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
y filled in tion, or the me		IMMEDIATE CAUSE (Final Onset and Daath										
ematic		disease or condition resulting in death) a. Cardro rese refer Arrest OUE TO (OR AS A CONSEQUENCE OF):										
completely ial, crema c event,	_		Brain N		P: \				4 months			
sician and c rior to buris traumatic	é	Sequentially list conditions, If any, lasding to immediata OUE TO [OR AS A CONSEQUENCE OF]:										
hysicia prior	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury										
ding phy fygiene i other	F	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
attend ental Hy ry, or	CEF	d										
by the atteind Mental	AL	PART II. Other algorificant condition	na contributing to death	but not resulting	in the underlyin	g cause given in	Part 1. 24s. WAS AP		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
gned b	EDIC	Sich Sinni.	Syntrone				1 YES :		COMPLETION OF CAUSE OF DEATH?			
of Heal	W	Machlar Dege	nerata				_		1 TYES 2 NO			
Dept.	AN	25. WAS CASE REFERRED TO MEDICAL										
certificate has been signed by the State Dept. of Health and i, or Item 23 shows any It	SICI	EXAMINER? 1 YES 2 D NO	HOSPITAL:	dottlent 3 🗆 DOA	отнен:	LACE OF DEATH (Che						
th the	PHY	27. MANNER OF DEATH	28a. OATE OF INJURY	7 28b, TIM	E OF 26c. IN.	JURY AT	28d. DESCRIBE HOW	INJURY OCCURED				
fter this eath with marked	BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		YES 2 NO						
A D S	9	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJUR building, atc. (Sp	RY — At home, farm, a secify)	street, factory, offic	4	281, LOCATION (Street City or Town, State	and Number or Ru	ral Route Number,			
DIRECTO hours afte item 28	E	and DEMINISTR										
FUNERAL D		(Check only	CIAN: To the beat of my kno R: On the beals of examinati	wiedge, death occurri Ion and/or investigatio	ed at the time, deta on, in my opinion, o	and place, and dua feath occured at the	to the causeja) and ma time, data and place, as	nner as stated. nd dua to lhe cau	ne(s) and manner as stated.			
H PA		196. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUM	BER	29d. DATE SIGN	IED (Month, Day, Year)			
PR	1	Wille &	46	- MI	7	0421.	19	17	-18-94			
		30. NAME AND ADDRESS OF PERSON WHE				VITVEDOT	NV DADIET	37 737	TO 1/2			
0	ŀ	31. DATE FILED (Month Day Voor)	32. REGISTRAR'S SIG	NATURE	WEST U	ATAEK21.	II PARKW	AI BAL	TO.,MD.			
		JUL 1 9 1994	Listia Deviden	10								
-		C	(C) (C)	In local Street					DHMH-16 Rev 1/89			

3. TIME OF DEATH

FOR

1 -

STATE REGISTRAR

DECEDENT'S HAME (First, Middle, Last)

Benedict

0	
)
Ó	ì
9	
8	
BOX 6876	
BOX 6	
0	ľ
$\mathbf{\omega}$	
Ö	ì
<u>Ч</u>	
ο,	
ŝ	The state of the s
	ŀ
Œ	
0	
\circ	
严	
-	
7	
	ł
≒	
11	į
Ö	1
_	i
S	-
$\underline{\circ}$	1
DIVISION OF VITAL RECORDS,	
>	1
ō	1
_	
	1

94 6. AGE (In Vs. last birthday) 8 36 Jau)r 1 A M 4 SOCIAL SECURITY HUMBER 5. SEX 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 3-21-25 1 Dul 2 | F DAYS 69 YRS. use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY HAME (If not 96. CITY, TOWN OR LOCATION OF DEATH THE RESIDENCE OF DECEDENT DIRECTOR 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland na Baltimore 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER Bayview Dr 10g. CITIZEN OF WHAT COUNTRY? BayView Nurs Hm 5200 Hopkins death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Merri If yes, specify Cuben, Maxican, Puerlo R IF YES. GIVE WAR OR DATES Specify: White BY 1 YES 2 NO Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATIOH (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe by the funeral director, page 5 should be detached for removal. Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First Middle Maiden Sumame) 듆 BE notified 19a. INFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9 20a. METHOD OF DISPOSITION

1 Burial 2 Cremetion 3 Removal from State 20b. PLACE AHD DATE OF DISPOSITION /Name of OATE 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUHERAL SERVICE LICENSEE ROM a 1 d examiner 22. NAME AND ADDRESS OF FACILITY Wade, Dir State Anatomy Board dry 655W.BaltimoreSt,Balto,MD21201 within 24 nours after medical filled in by t 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart fallure. List only one cause on each line. interval Between 0 IMMEDIATE CAUSE (Final Onset and Death the cremation, disease or condition completely event, 1 mud reaulting in death) CONSEQUENCE OF executed this certificate has been signed by the attending physician and con with the State Dept. of Health and Mental Hygiene prior to burial, or other traumatic CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING 2 cancer CAUSE (Disesse or injury that initiated events resulting in death) LAST 23 shows any injury, PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS that PERFORMEO? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 T NO PHYSICIAN: ₩e 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) Item THE FUNERAL DIRECTOR: After this certificate flied within 72 hours after death with the State HOSPITAL: 2 ER/Outpatient 3 DOA 1 YES 2 NO OTHER: e 5 ☐ Residence 8 ☐ Other (Specify) marked, or 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED Hatural 5 Pending Investigation 1 YES 2 HO В 2 Accident 28e. PLACE OF INJURY — At home, farm, afreet, factory, office building, etc. (Specify) 3 Suicide 60 COMPLETED 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Yourn, State) Item 28 4 Homicide 29a. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examingtion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGHED (Month, Day, Year) BE 0 f 23 2 PLETER CAUSE OF DEATH (ITEM 27) (Type, Print) 36, NAME AND ADDRESS OF PERSON WHO COM MUS 5515 4224 31. DATE FILED (Month, 32 REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Wawrzyniak

2. DATE OF DEATH

7 - 13

01.6

	į
2	
-	3
ğ	
_	
מ	•
	Ì
i.	3
-	
7.	1
ó	
Š	
7	
5	
ζ.	
ú	٠
¥	
-	
4	
-	í
-	
>	
1.	ì
\supset	1
-	
5	Contract of the last
=	1
0	1
	3
5	-
-	
	-
	- 2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAD Dora Wallace 1994 TUly 9:50p 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) (Month, Day, Year) 1 🗆 M 2 HOURS 228-50-9593 YRS. 97 June 15, 1897 Virginia permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Annapolis Conv. Center Annapolis Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel Annapolis 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10 Romar Drive 21403 USA as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THOU IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY use (Sp Elementary/Secondary (0-12) detached for College (1-4 or 5+) Homemaker 12 Household 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Edward Camm Adams notified at Lucy Seward BE should 1 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Rosalyn W. Fowler page 5 s 10 Romar Drive, Annapolis, MD 21403 2 must be Раде 6 тау 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 26c, LOCATION - City or Town, State funeral director, Donation 5 Other (Specify) Fort Memorial Park Lynchburg examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Hardesty Funeral Homes, P.A. ours after death. 12 Ridgely Ave. Annapolis, MD 21401 94 medical 23. PART I. Enter the diseases, demplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by shock, or heart failure. List only one cause on each line. interval Between ò Onset and Death IMMEDIATE CAUSE (Final the 51 cremation, 0 disease or condition completely event. resulting in death) DUE TO (OB AS A CONSEQUENCE OF) to burial, traumatic CERTIFICATION and Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): physician prior cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events aftending resulting in death) LAST 0 Mental the PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS signed by the PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? Health a 1 YES 2 NO 1 YES 2 NO \$ 10 PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO L Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item State certificate HOSPITAL OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, WICH this 1 Natural 5 Pending 1 YES 2 NO BY After death 2 Accident ATTENDING 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 3 Sulcide 20 8 Could not be DIRECTOR: after 4 Homicide 28 determined TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 COMPLET 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and placs, and due to the cause(e) and manner se stated. 350 SIGNATURE AND TITLE O 29c. LICENSE NUMBER 29d. DATE SIGNEDY Month. Day, Year, BE B 6 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



31. DATE FILED (Month, Day, Year)

JUL 19 1994

32. REGISTRAR'S SIGNATURE

Sinden-Rudell

TTU

	permit. Pages 1, 2, 3 should		
ospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriah-transit permit. Pages 1, 2, 3 should		ai
CICIAN. The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	director, page 5 should be deta		d, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
with hours after death. P	npletely filled in by the funeral	cremation, or removal.	vent, the medical examin
death certificate be executed	e attending physician and con	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ury, or other traumatic e
IAN: The law requires that the	rtificate has been signed by the	ne State Dept. of Health and N	or Item 23 shows any Inj
ITAL OR ATTENDING PHYSIC	RAL DIRECTOR: After this cei	In 72 hours after death with th	fort. If Item 28 Is marked, o
TO THE HOSP	THE BUR	the filed wight	THEODOR

31. DATE FILED (Month, Day, Year)
JUL 1 9 1994

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR		STATE OF M		D / DEPAR Certif					MEN	TAL HYGIEN	E		
	1. DECEDENT'S NAME (First,										ATE OF DEATH		VEAD	3. TIME OF DEATH
		ULAH			WHI	TE				J	ULY 15	, 19	94	11:25 рм
	4. SOCIAL SECURITY NUMBER 219-22-67		5. SEX	6. AGE (In yr. 83	s. leat birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. D.	ATE OF BIRTH Honth, Day, Year) 12-16-1	.0	8. BIRTI	HPLACE (State or Foreign rry) C
	9e. FACILITY NAME (If not in	stitution, give :	street and number)			9b. CITY,	TOWN C	OR LOCAT	ION OF DE	EATH		9c. COU	NTY OF D	DEATH
DIRECTOR	MD GENER		HOSPITA	Ĺ,		_	BA	LTO						
E E	RESIDENCE OF DEC	10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	ION		_				16d. INSIDE CITY
1	MD				В	ALTC								LIMITS?
FUNERAL	11 W. 201	H S'	T. APTI	1-G			101	ZIP COD	121	8		10g. CIT		S.A.
	11. MARITAL STATUS 1 Never Merried 2		12 WAS DECEDEN BORCES? 1 IF YES, GIVE V	T EVER IN U.S	ARMED	1	f yes, sp	ecity Cubi		n, Pue	RIGIN? (Specify Yes orto Rican, atc.)	or No-	14. RACI Blac Spec	E — American Indian, ik, White, etc.
ВУ	3 Widowed 4 Divo	rced						L (ADIO	Оросп				эрес	BLACK
весомрсетер	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDU	Completed) College (1-4 or 5		Give kind of life. Do NOT u.	work done o			ng		16b. KIND OF BUS	SINESS/INC	DUSTRY	
립	10TH	-12)	College (I-t or 5	*'	DO	MEST	IC							
Š	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOT	HER'S NA	ME (Fi	irst, Middle, Maiden	Sumeme)		
(F)	UNKNOWN							LC	NOV	ΙA	WHI	CKER		
2	190. INFORMANT'S NAME (7) EARL M	iype/Print) ILLIN	GS		196. MAILING				r or Rural I		Number, City or Town			15
	20e. METHOD OF DISPOSITE DC Burlet 2 Cremation 5 Other	n 3 🗆 Rem	noval from State	20b, PL/	CE AND DATE	OF DISPOS	ITION (Na	me of		1		CATION —	City or To	own, State
	21. SIGNATURE OF FUNERA		CENSEE		- J				SS OF FA	-				
	· Hly	nis	5.40	Ho	-	M	IARO	CH F	/H-	WE:	ST 4300			SH AVE
	23. PART F. Enter the di ahock, or in	eeses, or eart fallure.	complications the List only one cau	t caused the	e death. Do i	nol enter	the mo	de of dy	ing, auc	h as (cardiac or respi	ratory an	rest,	Approximate interval Between
1 1	IMMEDIATE CAUSE (Findisease or condition													Onset and Death
	resulting in death)	→			ON PN		NIA	<u> </u>						5 hours
NO	Sequentially list conditi		b. SEP	SIS S	USPEC	TED_	_							5 hours
CAT	If any, leading to immediate. Enter UNDERLY	ING				•	mrc	NAT CI	110 D	Dar	nn n			
CERTIFICATION	CAUSE (Disease or inju that initiated avents resulting in death) LAS		DUE TO	(OR AS A CO	SL IN	PARC	LLC	M-5	USPI	ĽG.	LED			minutes
ы	resolung ili destil) LAS		d		-									
	PART II. Other significa	nt condition	na contributing to	death but n	ot reaulting	in the un	dariying	g cause	given in	Part l	I. 24a. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
MEDICA											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
WE														1 TES 2 NO
Ä	DID TOBACC		CONTRIBUT	E TO C	AUSE OF	DEAT	TH Y	ES [] NC) [3				
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 X YES 2 NO	O MEDICAL	HOSPITAL:	X FR/Ovipeties	nt 3 DOA	OTHER	t:		EATH (Ch		ty one) Other (Specify)			
H	27. MANNER OF DEATH		28e, DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	o and o rice	_	DESCRIBE HOW II	NJURY OC	CURED	
ВУ Р		Pending Investigation	(Month, D	ray, rear)	IN.	M		RK? res 2 [□ NO					
8	3 Sulcide 8	Could not be datermined	28e. PLACE C building,	F INJURY — A atc. (Specify)	At home, ferm,	atreet, lacto	ory, office			28f.	LOCATION (Street e City or Town, State)	and Number	r or Rural i	Route Number,
19	290. CERTIFIER 1 CERT	TIFYING PHYS	ICIAN: To the best of	my knowledo	a death occurs	ad at the ti	ma data	and also		44 10-4	Min UK	S. Fab.	60	
COMPLET														s) and menner ea stated.
BE	29b. SIGNATURE AND TITUE	OF CERTIFIE	R						ENSE NUR		4	29d, DAT	3	(Month, Day, Year)
임	30. NAME AND ABORESS OF	F PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	, Print)		I	200	-T . I	- 1	/	116	1/1
1			. DESAI,				YLA	ND	GENE	ERA	AL HOSP	ITA	L	

G : BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	pletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should stransion, or removal.	liam 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
certificate be execute	TOR: After this certificate has been signed by the attending physician and completely figure death with the State Dept. of Health and Mental Hygiene prior to burial, cramation	other traumatic
hat the death (I by the attend and Mental H	ny injury, or
w requires t	been signer f. of Health	shows a
AN: The lan	tificate has e State Deg	r item 23
IG PHYSICI.	Wher this certific leath with the Si	narked, o
NITENDING	atter de	es is n
5	DO RE	lion.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR			CE			F DEATH	MENTA	REG. NO.	_		
1. DECEDENT'S NAME (I	First, Middle, Lest)	MARGAR			EMPLE		2. DATE MONT 0.7	0F DEATH	4	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NO. 226-34-9	525	1 🗆 M 2 💢 F	AGE (In yrs. les		IF UNDER 1 YEA		7. DATE	OF BIRTH th, Day, Year) -22-26		Countr	IPLACE (State or Foreign (Y) GINIA
90. FACILITY NAME (II III	OSSITE	R AVE. A	РТ. 11	В,		UN OR LOCATION OF C		Y	9c. COU	NOI	
1260 R RESIDENCE OF C 100. STATE MARYLAND	10b. COUNTY	NONE		10c. CITY	TOWN OR LO	CATION LTIMORE	CIT	Y			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1260 RO		AVENUE	APT.	lВ		101. ZIP CODE 21239			100		WHAT COUNTRY? STATES
11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 1		12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X N	MED 10	If yes	DECENDENT OF HISPA I, specify Cuban, Mexic YES 2 NO Speci	en, Puerto	N? (Specify Yea Rican, atc.)			E — American Indian, k, White, atc.
(Specify	DECEOENT'S EDUC only highest grade y (0-12)	CATION completed) College (1-4 or 5 +) NONE	(Gi	CEDENT'S L live kind of w Do NOT use		ATION g most of working	161	HOTE	SINESS/INC	_	
6TH 17. FATHER'S NAME (FI/S)	t, Middle, Last) OHN WII	SON				18. MOTHER'S N	111-		Sumame)	MC	
19a. INFORMANT'S NAM	E (Type/Print)					eet and Number or Rural	l Route Num	ber, City or Town	n, State, Zip	Code)	21212
BARBARA 20a. METHOD OF DISPO 1 Durial Crem	SITION ation 3 - Ramo	eval from State	20b. PLACE	ANDDATEO	FDISPOSITION		OAT	E 20c. LO	CATION —	City or To	wn, Stata
4 Donafor 5 O		S A A	MANA	Z	CA.	REMATORY E AND ADDRESS OF F. LVIN B.	SCRU		TUNE	RAL	
23. PART I. Enter the shock, o IMMEDIATE CAUSE (lesses or condition resulting in death) Sequentially list con if any, leading to im cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L	ditions, mediate LYING njury	DUE TO (O	A AS A CONSECUTION AS A	DUENCE OF	7 cte	- Coli		3.00 (1 105p)			Approximate Interval Betweer Onset and Dastf
PART II. Other signif	licent conditions	-					n Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBAC 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		ONTRIBUTE	O CAUS	E OF		YES NO	Land	ne)			
1 ☐ YES 2 M NO		1 Inpatient 2 LE				Home 5 K Realdence		or (Specify)	HIEW OO	CHINED.	
1 Natural 5 2 Accident	Pending Investigation	(Month, Day,	Year)	INJU	JRY M 1	WORK?	200.06	SCHIBE HOW II	NJUHY OCC	JUNED	
9 Prototete	Could not be determined	26a. PLACE OF it building, atd	NJURY — At hor (Specify)	me, ferm, si	treet, factory, (office		CATION (Street a or Town, State)	and Number	or Rural F	Route Number,
29e. CERTIFIER (Check only one) 1 C M		CIAN: To the best of my									end manner ee stated.
296. SIGNATURE AND TI	TLE OF CERTIFIER	ledi'a	uns			29c. LICENSE NU	JMBER 072		29d. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS	OF PERSON WHO	COMPLETEO CAUSE	PEATH (ITEM	4 27) (Type,	Print)	lh	21:	218		1	
JUL 1 9 19	19, Year)	32. REGISTRAR'S	SIGNATURE								

erea.

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-714 8/17/94 t.t.

		1 - STATE REGISTRAR		STATE UF I	MAKYL					DEAT		MENTA	L HYGIEN REG. NO.	E		
	- N	1. DECEDENT'S NAME (First	l, Middle, Last)						_				OF DEATH		3.	TIME OF DEATH
		WILLIAM		JOSEP	H			Ţ	WEIS	SSEL		JU]	ĽΥ Ľ	ľ4	94 1	1:00 P.M
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE	(in yrs. lesi	birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE	OF BIRTH			ACE (State or Foreign
P	10	266 36 4791		1 M 2 - F		62	YRS.	mOH1115	UAYS	HOURS	MIN.	Feb	10,19	32	Miam	i, Fla.
should	_	9e. FACILITY NAME (If not in	natitution, give s	treet and number)				9b. CITY	, TOWN C	R LOCATION	ON OF DI	EATH		9c. COUN	TY OF DEAT	Н
2, 3	5			E ROAD				CHI	EVY	CHA	SE			10M	ITGON	IERY
es 1.	<u> </u>	RESIDENCE OF DEC	10b. COUNT	у			10c, CIT	Y, TOWN	OR LOCAT	TON					10	d. INSIDE CITY
. Pages	DIRECTOR	Maryland	Monte	gomery				ry Ci							1000	LIMITS?
permit.		10e. STREET AND NUMBER		2				2	Y	. ZIP CODI	E			10g. CITIZ		T COUNTRY?
1St	ER/	7509 Brooke	eville	Road						2083	L 5			Unite	d Sta	tes
215-0020 attending physician. se as the burial-transit	FUNERAL	11. MARITAL STATUS		12. WAS DECEDER	IT EVER	IN U.S. ARM	ED	13.	WAS DEC	ENDENT C	F HISPAI	VIC ORIGI	N? (Specify Yes	or No-	14. RACE —	American Indian,
-002 ing phy the bur	ВУ Б	1 Never Married 2\(\infty\) 3 Wildowed 4 Divo		IF YES, GIVE			J			2/2 NO			Ricen, atc.)		auca, w	i an
15-(endin as th	ED B			DATION		1										Lair
or affe	H	(Specify onl	y highest grade	completed)		(Gh	e kind of	USUAL O work done se retired.)	during mo	ON st of workin	g		. KIND OF BUS			
ND 2 hospital o ached for		Elementary/Secondary (0-12)	5 Toge (1-4 or 5	+)		ilto					S	elf-em	ploye	d	
the hospital detached	COMPL	17. FATHER'S NAME (First, M								18_MOTA	VER'S NA	ME (Elist.	Middle, Malden	Sumame)		
Y L		Sam Weissel	L							M1	ldre	d Go	odman			
BALTIMORE, MARYLAND 21215-0020 are death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial val.) BE	19e. INFORMANT'S NAME				19b	MAILING	ADDRES	S (Street a	nd Number	PA PHONE	Route Nun	ber, City or Tow	n, State, Zip	Code)	
be ret	2	Suzanne Wei	rsser				dille	audi	ess	dS 1	# TO					
BALTIMORE, after death. Page 6 may be moval. cal examiner must be		20a, METHOD OF DISPOSIT	TION	oval from State		b. PLACE A						7-21	/	CATION — C		
ALTIMOR death. Page 6 ma e funeral director, pu. a.		4 Donation 5 Other	r (Specify)		_ K	ing I)avi	-							Churc	h, Va.
T. Pa		21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE				22. I	NAME AN	Pears	SS OF FA	Fune	ral Ho	mes		
SAL r dear		- Guax	aun)									irgini		46	
BA urs after d in by the removal.		23. PART /. Enter the d	liseeses, or	complications the	t ceuse	d the dee	th. Do	not enter	the mo	de of dy	ing, auc	h ea car	dlec or reap	ratory arre	et,	Approximate
or or		IMMEDIATE CAUSE (FI		11	1			Λ	1		1	1.				Onset and Death
with with pletely fille cremation,		disease or condition resulting in death)	\rightarrow	Hype	væ	NS11	re	MY	Per	DSC	en	the				
68760. secuted with and completely burial, cremati atic event, t				A SUE	Î	1		1			A	1	ase			
68 mecute burial atic	NO	Sequentially list condit	lone.	Ca	0	10 U	250	نسا	or		01	Je	ase			
a cian be	CERTIFICATION	If any, leading to Imme cause. Enter UNDERLY	diate	COMPLI	CATED	RV MI	VED I	י אוומר	NTOV	TCATT	IAC					İ
.O. BO) certificate be ding physician tygiene prior t	FIC	CAUSE (Disease or Inju				A CONSEQ			LINTUX	ICATI	JIN					
· 이 원 수 부	E	resulting in death) LAS	т	4												
Ly de de		DART II OII														
- 26 m	CAL	PART II Other algnifica	ent condition				aulting	In the ur	nderlylng	g cause g	given in	Part I.	24s. WAS AN PERFOR		AV	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
SOR es that gned by salth an		Diana.	163	nellit	US	<u> </u>						_	1 YES 2	□ NO		MPLETION OF CAUSE DEATH?
w requires that been signed of Health a	MED	DID TORACC	SO LICE	CONTRIBUTION									/ `		1 2	YES 2 NO
2 Pais 8 2	AN	DID TOBACO		CONTRIBU	IE IC	CAU	SE O	r DEA		YES [] N					
는 학 등 등	SICI	EXAMINER?	O MEDICAL	HOSPITAL:	T ED/O-4		7.004	OTHE	R:	ACE OF 0						
e Berti	PHYS	27. MANNER OF OEATH		28e. OATE O	FINJURY	patient 3	28b. TIN		28c. INJ	● 5 X Re	eldenca	_	SCRIBE HOW I	NJURY OCC	IRED	
NG PHYSIC fler this ce eath with th			Pending Investigation	FOUND 7		9.4	UNKI	URY I∩UIM		RK?	ONXIO		NOWN			
NOING F NOING F death is mar	ВУ	2 Accident 3 Suicide	Could not be	28e. PLACE (OF INJUR	Y — At hon			tory, offic			28f. LO	CATION (Street	and Number	or Rural Rout	e Number,
2 afe 2 E	豆	4 Homicide	determined	ounding	etc. (Spe	ound A	J. HOI	1E					or Town, State)		CHE	VY CHASE, MD.
OR A DIREC Nours	١٣	29e. CERTIFIER 1 CERT	TIFYING PHYS	ICIAN: To the best o					ime data	and place	and due					VI OIMSE, TID
国民党事	сомы															nd manner as stated.
		29b. BIGH TURE AND TITLE			1		_				ENSE NUI					onth, Day, Year)
五 本	BE	() a	w	-(1)6	10	AM)			O.C						15,1994
B 8 8	3	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	SE OF DI	EATH (ITEM	27) (Type	, Print)								
36 0	.)	JUALON	160	KE, A	20				n C1	rec	+	Ral.	timor	ь M:	7777	and 21201
	1	31. DATE FILED (Month, Day,		32. REGISTR	AR'S SIGN	NATURE		r CIII	الايا	TEC	L	Dat	LAMOL	C, FIG	лт у т (1114 21201
		JUL 1 9 19	94	Fiche David	m_ %	2										

0----

DNMH-16 Rev 1/89

	-	
	N	
	-	
	SS	
	Ze.	
	-	
	芒	
	-	
	0,	
	S	
S	P.	
Ö	7	
叉	E	
듄	2	
0	2	
gju	\$23	
8	38	
att	89	
8	5	
700	è	,
St.	D	
80	4	
=	ţā,	-
ě	8	-
X	8	7
1	P	-
Jec	2	3
tai	S	916
6	43	9
8	0	
×	90	2
13	1.2	3
9	9	-
0	5	ş
B	9	3
Q.	写	
Ð	9	- 6
ea	2	3
0	9 7	
\$	1 9	9
60	5	4
5	5	
8	20	-
	新品	2
	子信	4
3	S E	2
3	9 5	3
8	10 PM	- 8
3	3.6	
9	2 2	8
8	5	
8	S P	-
9	15.00	-
2	5 9	-
F	0.9	4
9	E B	
6	E T	- 6
ea	FE ET	2
D	Je je	
e e	5 2	6
#	50	,
Š	R.F	Ē
92	aft	
ji.	S. S.	3
0	50	- 2
=	8	
1	S	2
9	20	
E	at a	1
ż	Sta	100
Z	世 9	-
35	흥류	
Z	SI	3
à	€ ₹	+
9	in the	0
N.	Aff	
×	de la	-
E	8 6	8
A	2 %	1
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	DESCRIPT After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 hours death with the State Dest. of Health and Mental Horiene orior to burial, cremation, or removal.	some to beilitan and beam sanimore inclines and transmissioness about the median to be became in the
9	0.2	4
28	75.79	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH A M MARY ANNETTE ZEPHIR JULY 15 3:12 1994 4 *OCIAL SECURITY NUMBER 218-16-2550 7. DATE OF BIRTH 2-20-1930 5. SEX 6. AGE (In yrs. lest birthday) a. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. Maryland HOURE 1 M 2 V F 64 90. FACILITY NAME (If not institution, give atreet and number)
Bethesda Naval Hospital 9c. COUNTY OF DEATH Montgomery 9b. CITY, TOWN OR LOCATION OF DEATH Bethesda DIRECTOR 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Anne Arundel Pasadena 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL Inf. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1205 Farmview Road, 21122 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whits, stc. If yes, specify Cuban, Msxicsn, Puerto Rican, atc.) 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify. specify: White BY 3 Widowed 4 Divorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Secondary (0-12) 12th Grade Bookkeeper Office Work 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Louis Morsberger Margaret Sullivan BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1205 Farmview Road, Mr. Vernon G. Zephir Pasadena, Maryland 21122 20a. METHOD OF DISPOSITION
1 ☐ Burist 2 ※ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Metro Crematory, Inc. 7/18/94 Catonsville, Maryland 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. 22. NAME AND ADDRESS OF FACILITY
McCully Funeral Home of Pasadena Ecker 3204 Mountain Road, Pasadena, Md. 21122 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition NON CARDIOGENIC PULMONARY EDEMA resulting in death) DUE TO (OR AS A CONSEDUENCE OF): CERTIFICATION SMALL CELL LUNG CANCER. Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATN (Check only one) HOSPITAL: 1 TES 2 NO t 😾 Inpatient 2 🗆 ER/Outpetient 3 🗆 DOA 4 - Nursing Nome 5 - Residence & Other (Specify) 28a. DATE DF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 KI CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNER within THE HOSPI THE FUNER THE MITHIN PORTANT 386. BIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Pay, Year) BE 7/15 0101049931 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NATIONAL NAVAL MEDICAL CENTER MC, R.D.MENZIES. LT, USNR BETHESDA MD 20889-5600 31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE

Favidron-Rando pe

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

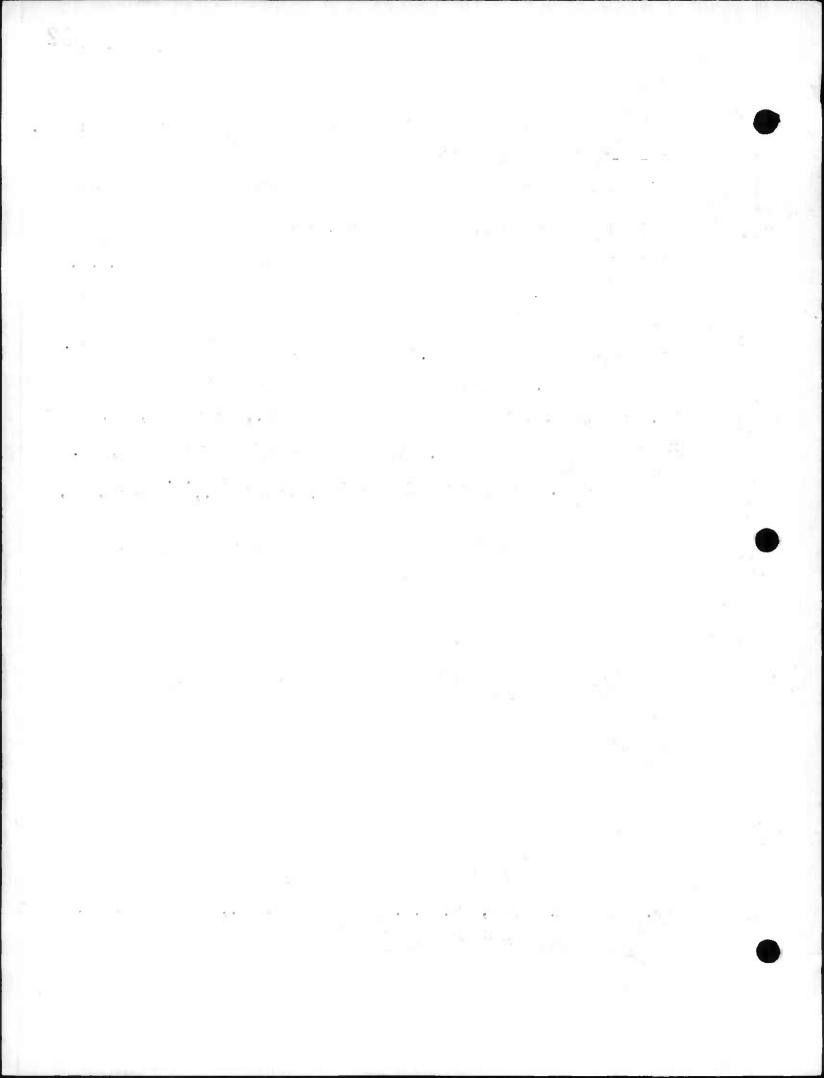
omigicia	burlal-t	63,
5 PHYSICIAN: The law requires that the death certificate be executed with. Yours after death. Page 6 may be retained by the hospital or attending physicial	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the build-It with the State Dent of Health and Mental Horlene order to build commation or removal	
or at	r use	
hospital	iched fo	
the	deta	
à	D.	1
retained	shout	41.65
9	9e 6	
may	r, pa	4
9	ecto	i
Pag	- Gir	
death.	funera	
after	y the	
ULS	in b	
0	lled	
	ely fi	
with	plet	
rted	To Tal	
Deci	and o	
90	cian lor t	
cate	shysi	
ertif	ing (
ath	nend al H	
e de	he al	
at th	Ja Pa	
of th	ned alth	
quire	n Sig	
W	bee of	
he la	has	
E	State	
CIA	the	
HYS	his c	1
0	2 4	

31. DATE FILEO (Month, Day, Year)

JUL 0 8 1994

32. REGISTRAN & SIGNATURE

									2	-6 -	.030=
	FOR 1 - STATE REGISTRAR	STATE OF I					EALTH AND DEATH	MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
	VUTES 1	Virgini	a	Al	brig	ght		July 5	19	9LI	9:00 p.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
	219-20-1006	1 ☐ M 2 🔯 F	74	YRS.	MONTHS	DAYS	HOURS MIN.	Aug. 14,	1919	Mars	land
	9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	TOWN C	R LOCATION OF D	-		INTY OF DE	
TOR	201 Linden Av	enue					Prederi				rick
DIRECT	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWH C						10d. INSIDE CITY
# I	Maryland F	rederic	k		F:	red	erick				LIMITS?
	10e. STREET AND NUMBER					101	ZIP CODE		18a CIT		HAT COUNTRY?
FUNEBAL	- 201 Linden A						21	.702			S.A.
	11, MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDER	T EVER IN U.S.AR	MED 10	13.	WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yeen, Puerto Rican, etc.)	s or No-	t4. RACE Black.	- American Indian, White, stc.
ВУ	3 X Widowed 4 Divorced		MAR OR DATES				2 NO Specif				White
										l	
ETE	15. DECEDENT'S EDU- (Specify only highest grade	completed)	(G	ive kind of	USUAL OF	during mo	IN st of working	16b. KIND OF BU			
	Elementery/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u		amh	7.02	Elec	tron	ics	Corp.
COMPL	ll years			THE	Ass	3 OTHE	Tel.				
3	17. FATHER'S NAME (First, Middle, Last)	B. Edwa						AME (First, Middle, Maider	Sumame)		
BE							Av	3		_	
2	Mrs. Frances C	Blick	enstaf	MAILING	ADDRESS 9 E 8	Street a	4th St	Prede	rick	, Md	. 21701
	204. METHOD OF DISPOSITION		20b. PLACE					OATE 20c. LO	CATION -	City or Tow	n, State
	1 Sturial 2 Cremation 3 Rem	oval from State	cemerery, cre	Tatory or o	e there	eme	tery 7	/9/94 Fr	eder	ick,	Md.
	21. SIGNATURE OF PHILIPPLE PRINTE LIC	LISPE		-	22.	NAME AN	O ADDRESS OF FA	CILITY			
	Robert W.	Keeney	#M006	52	K	een	ey & Ba	sford P. ch St., F	A. H	runer	al Home
	23. PART i. Enter the diseasea, or o	omplicatione the	et caused the de	eth. Do							Approximate
- 1	shock, or heart failure. IMMEDIATE CAUSE (Finel	List only one ce	use on eech line								Onset and Death
	disease or condition	AR	750 10	10/1	-:	0	2820	VAJCular		0-11-	
	reaulting in death)		OR AS A CONSE				710010	- Michael	U	1 647 E	
,					,						i
HIFICATION	Sequentially list conditions,	b. OUE TO	(OR AS A CONSE	QUENCE O	F):						1
٩	If any, leading to immediate cause. Enter UNDERLYING										į
	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSE	DUENCE O	F):						+
	resulting In death) LAST	2									
5		d									+
١	PART ii. Other aignificent condition	s contributing to	death but not r	esulting	In the un	derlying	j ceuse given in	Pert i. 24s. WAS AF			WERE AUTOPSY FINOINGS
MEDICAL	mages fen	510-						1 _ YES			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	NEWS-	insuff	ונציינר						-30		OF OEATH?
2			7								I L TES 2 L NO
A I	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF DEATH (Ch	hart only one)			
PHYSICIAN:	EXAMINER?	HOSPITAL:	7 en 10 - 11 - 11 - 1		OTHER	3:					
≝	27. MANNER OF-DEATH	26e. DATE O	ER/Oulpatient 3		-	_		6 Other (Specify)			
	1 Netural 5 Pending	(Month, I		26b. TIM	URY		RK?	28d. DESCRIBE HOW	INJURY OC	CURED	
5	2 Accident Investigation				М		ES 2 NO				
2	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At he etc. (Specify)	me, ferm,	street, fact	ory, office		26f. LOCATION (Street City or Town, State	end Numbe	r or Rural Ro	ute Number,
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best o	f my knowledge, de	ath occurr	ed at the ti	me, date	end piace, end due	to the cause(s) end me	nner as sta	ted.	
COMPLE	one) 2 MEDICAL EXAMINE										end manner es atated.
	29b. SIGNATURE-AND TITLE OF CERTIFIER		()	_	-		29c. LICENSE NUI				
2	(3)	1 11	X	MI)		D 10	-	290. DA1	7/	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAU	SE OF DEATH ATE	/ U 27\ /\$**-	Delet*						194
	Dr. George I.	Smith.	Jr. M	D_	300	We	st 9th	St. Fre	der	ick.	Md. 2170:
III	TI GOOTED TO	MAILE VII	A OT 8 12		200		/ ULI			7	



mit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLA	ND / DEPARTMENT	OF HEALTH	AND N	MENTAL HYGIE	NE
	CERTIFICATE	OF DEAT	ГН	REG. NO	0.

* REGISTRAR	0,7,12 07 1,7,11,12		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
LOUIS W. ALTON,	SR.			JUNE 27 19		м
4. SOCIAL SECURITY NUMBER	-y		JNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	T	HPLACE (State or Foreign
216-18-5039	1 🔀 📜 2 🗆 F	73 YRS. MON	THS DAYS HOURS MIN.	10 6 1920		RYLAND
9e. FACILITY NAME (If not institution, give	street and number)	9b.	CITY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF	
924 CENTRAL STRE	nere		ANNAPOLIS		ANNE	ARUNDEL
10e. STATE 10b. COUNT		10c. CITY, TO	WH OR LOCATION			10d. INSIDE CITY LIMITS?
MARYLAND ANN	NE ARUNDEL	AN	NAPOLIS			1 XXXES 2 NO
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
924 CENTRAL STRE	EET		21401		U.S.	
11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 XES	N U.S. ARMED	13. WAS DECENDENT OF HISPAI If yee, specify Cuben, Mexico		or No- 14. RAC	CE — American Indian, ck, White, atc.
1 Never Merried 2 Merried 3 Widowed 4 XXD/Divorced	IF YES, GIVE WAR OR D		1 YES 2 NO Specif			city:
15. DECEDENT'S ED	1944 - 194		AL COCUPATION	The same of the	BLA	/CK
(Specify only highest grad	de completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	16b. KIND OF BUS		DEWY
Elementery/Secondery (0-12)	College (1-4 or 5+)	SHEET ME		U.S. N	AVAL ASA	ADEMY
17. FATHER'S NAME (First, Middle, Last)		JHEET HE		AME (First, Middle, Malden S	Sumama)	
LOUIS W. ALTON				IA MOULDEN	surriemey	
19e. INFORMANT'S NAME (Type/Print)	-	19b. MAILING ADD	ORESS (Street and Number or Rural		State Zin Code)	
DAVID ALTON		1	LD FORT RD. FI			20744
20e. METHOD OF DISPOSITION	201		N (Name of cemetery, cremetory or		ATION - City or	
1 🖾 Furiel 2 🗆 Cremetion 3 🗆 Res	moval from State	other place)			APOLIS,	
21. SIGNATURE OF FUNERAL SERVICE L		THE CITED I	22. NAME AND ADDRESS OF FA	VCILITY		
+ Zany D	Reese		REESE & SONS 821 WEST ST.	MORTUARY, ANNAPOLIS,	P.A. MD. 214	401
23. PART I. Enter the diseases, or			enter tha moda of dying, suc	ch aa cardiac or respir	retory arrest,	Approximata
IMMEDIATE CAUSE (Finel	. List only one ceuse on e	each line.		9 0	-	Interval Between Onset and Death
disease or condition resulting in death)	. 170	Lestrat	ic Krustal	D (1950)	norm	
resulting in death)	DUE TO COR AS	1				
	DOE TO (ON AS A	A CONSEQUENCE OF):				
Samuel Control of the	b	A CONSEQUENCE OF):				
Sequentially list conditions, if any, leading to immediate	b	A CONSEQUENCE OF):				
	DUE TO (OR AS A	A CONSEQUENCE OF):				
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR AS A	(N== 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,				
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	A CONSEQUENCE OF):				
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR AS A	A CONSEQUENCE OF):	ne underlying ceuse given in			No. WERE AUTOPSY FINDINGS
If any, leading to immediate cause. Enter uNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	ne underlying ceuse given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	ne underlying ceuse given in		MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	ne underlying ceuse given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	ne underlying ceuse given in 26. PLACE OF DEATH (C	PERFOR 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condition of the condition of the cause of the caus	DUE TO (OR AS A d. Due to contributing to death be to the to the total bull to the t	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in ti	26. PLACE OF DEATH (CI	PERFOR 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condition of the cause of	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DOES CONTRIBUTING TO death be HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the second of the second	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence T 26c. INJURY AT	PERFOR 1 YES 2	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the cause of the conditions of the cause	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DOS CONTRIBUTING TO death b HOSPITAL: 1 Inpetiant 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in ti	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence T 26c. INJURY AT	PERFOR 1 YES 2 heck only one) 6 Other (Specify)	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR AS A DUE TO	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in ti petient 3 □ DOA 0 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	PERFOR 1 YES 2 heck only one) 6 Other (Specify) 26d. DESCRIBE HOW II	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the con	DUE TO (OR AS A DUE TO	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in ti petient 3 □ DOA 0 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	PERFOR 1 YES 2 heck only one) 6 Other (Specify) 28d. DESCRIBE HOW II	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disees or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation investigation determined 2 Accident 3 Suicide 6 Could not be determined	DUE TO (OR AS A C. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A DUE TO (OR AS A d. DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in ti spetient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 5 DO	26. PLACE OF DEATH (CITHER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	PERFOR 1 YES 2 1 YES 2 1 YES 2 1 YES 2 2 YES 2 2 YES 2 2 YES 2 2 YES 2 2 YES 2 2 YES 2 2 YES 3	MED? NO NJURY OCCURED and Number or Rura	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the co	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in ti tipetient 3 DOA 4 D	26. PLACE OF DEATH (CITHER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO M, factory, office	PERFOR 1 YES 2 1 YES 2 1 YES 2 1 YES 2 2 YES 2 2 YES 2 2 YES 2 2 YES 2 2 YES 2 2 YES 3 2 YES 3 2 YES 3 2 YES 4 2 YES 4 2 YES 2 2 YES 4 2 YES 2 2 YES 4 2 YES 4 2 YES 4 2 YES 4 2 YES 5 2 YES 5 2 YES 6 2 YES 6 2 YES 6 2 YES 6 2 YES 6 2 YES 7 2 YE	MED? NO NURY OCCURED Ind Number or Rura	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the co	DUE TO (OR AS A DUE TO	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in ti tipetient 3 DOA 4 D	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence F 29c. INJURY AT M 1 YES 2 NO It, factory, office It the time, date and place, and du n my opinion, death occured at the	PERFOR 1 YES 2 Theck only one) 6 Other (Specify) 26d. DESCRIBE HOW If 28f. LOCATION (Street e City or Town, State) a to the cause(a) and man a time, date and place, and	MED? NO NJURY OCCURED and Number or Rura oner as stated, d due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO // Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the co	DUE TO (OR AS A DUE TO	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in ti tipetient 3 DOA 4 D	26. PLACE OF DEATH (CITHER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO M, factory, office	PERFOR 1 YES 2 Theck only one) 6 Other (Specify) 26d. DESCRIBE HOW If 28f. LOCATION (Street e City or Town, State) a to the cause(a) and man a time, date and place, and	MED? NO NURY OCCURED Ind Number or Rura	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO // Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the co	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the specific part of the specifi	26. PLACE OF DEATH (CITHER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO It, factory, office It the time, date end place, end du n my opinion, death occured at the	PERFOR 1 YES 2 Theck only one) 6 Other (Specify) 26d. DESCRIBE HOW If 28f. LOCATION (Street e City or Town, State) a to the cause(a) and man a time, date and place, and	MED? NO NJURY OCCURED and Number or Rura oner as stated, d due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO // Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significant conditions and the conditions of the co	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the second of the second	26. PLACE OF DEATH (CITHER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO It, factory, office It the time, date end place, end du n my opinion, death occured at the	PERFOR 1 YES 2 Theck only one) 6 Other (Specify) 26d. DESCRIBE HOW If 28f. LOCATION (Street e City or Town, State) a to the cause(a) and man a time, date and place, and	MED? NO NJURY OCCURED and Number or Rura oner as stated, d due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO // Route Number,

Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF N	MAHYLAN	D / DEPAR CERTIF					MENT	AL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)										3. TIME OF DEATH			
	JAMES FRANKLIN BU							JUNE 2			199	94	3:20 P	М
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last			#F UNDER	DAYS	HOURS	24 HRS. MIN.	(Mo	E OF BIRTH nth, Day, Year)		8. BIRTH Countr	PLACE (State or Foreigy)	ign
- [220-74-5147 9s. FACILITY NAME (If not institution, give s.	1 🔀 M 2 🗆 F	YRS.					NOV. 17, 1927				MARYLAND TY OF DEATH		
_														
5	WILLIAMSPORT NURSING HOME				WILLIAMSPORT WASHIN							INGTON		
	10a. STATE 10b. COUNTY			18c. CITY, TOWN OR LOCATION						10d.				
5	MARYLAND 10a, STREET AND NUMBER	WASHINGT	ON	ON BROWNSVILLE I 101, ZIP CODE							1 YES 2 X NO	0		
۱	BROWNSVILLE ROAD		21715						10g. CIT		VHAT COUNTRY?			
5	11. MARITAL STATUS	T EVER IN U.S	J.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes				or No	14. RACE	- American Indian.	$\overline{}$				
10	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1				If yes, spe		n, Maxica	n, Puart	o Rican, etc.)		Speci	c, White, etc.	
2111	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY								7111111					
4	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)			g		_				
D D	NONE		HA	HANDICAPPED			\perp			CAPP	ED			
- 1	17. FATHER'S NAME (First, Middle, Last)						000			, Middle, Maiden				
4	WILLIAM BURKE 19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	3 ADDRES	S (Street a				FMASTEF		Code)		-
2	JANICE MENTZER			3212							YLAN		1779	
1	20a. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Rem	oval from State	20b. PL	ACE OF DISPO	SITION (N	ama of cer	netery, cren	natory or		20c. LO	LOCATION — City or Town, State			
	4 Donation 5 Other (Specify) ST. LUKE										WNSVILLE, MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE AT		Paul M	. Dean			O ADDRE						ional Pik	e
\dashv	23. PART I. Enter the diaeeses, or	complications the	t ceused th	e death Do	not ente	r the mo	de of dv	ing suc	h ss ce	Boon:			21713	
	shock, or heart fallura.	laa on aech	in sech lina.							intarval Bet	ween			
-	IMMEDIATE CAUSE (Final disease or condition	. ASPIRATION PNEUMONIA							36 HOU					
- 1	resulting in dasth)	DUE TO (OR AS A CONSCOUENCE OF):									30 1100			
5	Sequentially flat conditions,	b												
	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):												
HIFICALION	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CO	ONSEQUENCE C	OF):									
	resulting in death) LAST	d												
7 2	PART II. Other significent condition	ns contributing to	deeth but	not resulting	In the u	nderlyln	g cause	given in	Part I.			246	L WERE AUTOPSY FINE	
2	SEVERE MENTAL RI	ETARDATIO	ON		_					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
ME												- 1	1 YES 2 NO	,
PH TSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OŢHE	_	ACE OF D	EATH (Ch	heck only	one)				
2	1 VES 2 XNO	1 Inpatient 2	· ·	ont 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUR					CHRED		-			
- 1	1XXNetural 5 Pending	(Month, I	Day, Year)	Year) 285. TIME (WC	PRK?	□ NO	200. 6	Eşonibe now i	1100111 00	CONLO		
2 Accident Investigation 28s PLACE OF INJURY — At home form street factory office										281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Floute Number,	\neg
	4 Homicide detarmined		, and (opening)							ny or lown, clear,				
2	29a. CERTIFIER (Check only one)													
COMPLEIED	2 MEDICAL EXAMINER: On the basis of axisministion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and n									a) end manner aa ste	ted.			
200	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	ENSE NUI	MBER				ED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	ISE OF DEATH	1 (ITEM 27) (Tun	e, Print1		D 33	3700				JUNE	27, 1994	
	TED E. HOWE, M.D.,					7V 1	m 2	20832	2					
	31. DATE FILED (Month, Day, Year)	A 32. REGISTR	AR'S SIGNATI	JRE	OLIVI		10 /	.00.37						
	JUN 3 0 1994	Jali Dande	whend	all.										

105...

Account to the

BALTIMORE, MARYLAND 21215-0	quires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attended	n signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	
BALTI	ours after death. F	in by the funeral	or removal.
ECORDS, P.O. BOX 68760.	in certificate be executed within	ending physician and completely filled	f Health and Mental Hygiene prior to burial, cremation, or removal,
ECORDS, I	quires that the deatl	n signed by the atte	f Health and Mental

		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATN	3. TIME OF DEATN		
		WILMA	LUCILE	BUTLER			JUNE	<u> </u>	# 2000 m		
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	bar)	BIRTHPLACE (State or Foreign Country)		
Should		579-07-1179 9a. FACILITY NAME (If not institution, give st		87	b CITY TOWN C	OR LOCATION OF D	DEC. 18	9c. COUNTY	OUTH CAROLINA		
. 2. 3 sh	CTOR	WASHINGTON COUNTY			AGERSTOW		WASHINGTON				
96	1 22	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION		10d. INSIDE CITY LIMITS?			
K.	9		ASHINGTON	BOONSBORO				1 X YES 2 NO			
(£ X	A A	100. STREET AND NUMBER	District		101	ZIP CODE	10		N OF WHAT COUNTRY?		
	15	115 SOUTH MAIN ST	12. WAS DECEDENT EVER IN	I U.S. ARMED	13. WAS DEC	217			. S.A.		
500020 The burn	BY F	1 Never Married 2 Married 3 W Widowed 4 Divorced	FORCES? 1 YES		If yes, spe	ecify Cuban, Mexica 2 NO Specif	an, Puerto Ricen, e	(c.)	Specify: WHITE		
215		15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S U	SUAL OCCUPATION NO.	ON .	16b. KIND	OF BUSINESS/INDUS			
12 s o s	<u> </u>	Elamentary/Secondary (0-12)	ilfa. Do NOT use	retired.)							
AND 2 he hospital detached to	COMPL		2	PIANO	TEACHE		ELF EMPLOYED				
YLA by the be det		17. FATHER'S NAME (First, Middle, Last) UNKNOWN				18. MOTHER'S NA UNKNOW	AME (First, Middle, I	Valden Surname)			
00 8 8 3	1 144 1	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a			ute Number, City or Town, State, Zip Code)			
		PHILIP A. BUTLER		100				MARYLAND	21713		
Ⅲ > ≈ 4		20a. METHOD OF DISPOSITION 1 X Burial 2 Cremailon 3 Ramo		PLACE AND DATE OF	DISPOSITION (Na			Oc. LOCATION CIT	y or Town, Stata		
0 0		4 Donation 5 Other (Specify) BOONSBORO CEMETERY 7/1/94 BOONSBORO, MARYLAND									
ath.		21. SIGNATORE OF FUNERAL SERVICE LCENSEE Paul M. Dean Paul M. Dean Paul M. Dean Paul M. Dean Paul M. Dean Paul M. Dean Paul M. Dean Paul M. Dean Paul M. Dean Paul M. Dean Paul M. Dean Paul M. Dean Paul M. Dean									
BA rs after de ty the fu removal.		23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
D -= - 2		shock, or heart failure. I	omplications that caused Liet only one cause on e	the death. Do no sch line.	t enter the mo	de of dylng, suc	h sa cardisc or	respiratory arres	Approximate Interval Between Onset and Death		
atton.		IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DIFT TO OR AS A CONSEQUENCE OF):									
d withing a withing and withing a wi		resulting in death)	OUE TO (OR AS A	CONSEQUENCE OF):	- Line	,			30 mi		
- a > a		Sequentially list conditions,	. 9	curreligie	d athe	rocker.	~ ~ 3		yes		
clan be	FICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS/A	CONSEQUENCÉ OF):							
ficate phys	윤	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):							
8 - 5 - 8	. 🗠	0.									
the death by the attend of Mental H	AL C	PART II. Other eignificent conditions	s contributing to deeth b	ut not resulting in	the underlying	a ceuse given in	Pert i. 24a. V	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
		A .	7	hypertin			P	ERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE		
T 3 2 E 5	MEDIC.	preve	ous CVA				_ ''	230,110	OF DEATN?		
law law bept	Z,	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF							
PHYSICIAN: The la this certificate has with the State De	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF OEATN (Ch					
SICIAN Certific Certific	! ⊱ા	27. MANNER OF GEATN	1) S-Inpatient 2 ER/Outp	28b, TIME	OF 28c, INJ	e 5 Realdence		NOW INJURY OCCUP	RED		
NG PHYSIC fler this ce eath with the	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI	RY WO	PK?					
O A P		3 Suicida 8 Could not be	28a. PLACE OF INJURY building, atc. (Spec	— At home, Jarm, str	eet, lactory, office	•	281. LOCATION (City or Town	Street and Number or	Rural Route Number,		
OR ATTE DIRECTOR HOURS After		4 Homicide detarmined									
7 700	. 1 🛎 1		, deta and place, and dua to the cause(s) and manner as stated. Ion, death occured at the time, data and place, and dua to the cause(s) and manner as stated.								
HOSPITAL FUNERAL WITHIN 72	8			and/or investigation,	In my opinion, d			eca, and dua to the c	ause(s) and manner as stated.		
THE H	29d. LICENSE NUMBER 29d. DATE SIGNED										
2573	유	30. NAME AND ADORESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type. P	rint)	01217	τ	9	28.84		
		Attroca TZ TRutch	/1	ndl SF	Bogun	\$12194 \$ 6.28.84 gentum: md 21760					
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	TURE		·					
		JUN 3 0 1994	0	,							

tų.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital 🏟 attending
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to durance as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	ERTIF	ICATE OF	DEATH	B	EG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH										3. TIME OF DEATH
	Dorothy Marie BA						YEAR	- TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX	B AGE //a	o bilate		Total Control	-		1994	. 125	M
			8. AGE (In yrs. les		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, De	y. Year)		8. BIRTH Countr	IPLACE (State or Foreign y)
	201-18-8833	t 🗌 M 2 🔀 F	67	YR\$.			Aug.		1926		nsylvania
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COU	NTY OF D	EATH
ا <u>ج</u>	13604 Lois Stree	et			Hag	erstown			Wa	shir	gton
5	RESIDENCE OF DECEDENT										
2	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										10d. INSIDE CITY
DIRECTOR	Maryland Wash		l I	Hagerstown					- 1	LIMITS?	
	10e. STREET AND NUMBER				101. ZIP CODE					IZEN OF V	WHAT COUNTRY?
BY FUNERAL	13604 Lois Stree			21742					US		
Z											
2	1 Never Married 2 Married	FORCES? 1	YES 2 1	NO MED	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify V If yes, specify Cuban, Maxican, Puarto Rican, etc.)					14. RACE Black	— American Indian, c, White, atc.
<u>≯</u>	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		t 🗆 YES	t TYES 2 X NO Specify					ty:
		1						_			ite
E	15. DECEDENT'S EDU (Specify only highest grade	cation completed)	(Gi	ive kind of	WORK done during me		16b. KIN	D OF BU	SINESS/INC	DUSTRY	
""	Elamentary/Secondary (0-12)	College (1-4 or 5 +	·)	Do NOT us		Ι,					
AP	10	0		nome	emaker		'	ner	own l	iome	
COMPLÉTED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA		e, <i>Maid</i> en	Surname)		
BE	Frank Wolff					Lucy	Cool				
8	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS (Street	and Number or Rural	Route Number (My or True	n. State 74	Code	
2	Gerald G. Bass					Street,					nd 21742
	20a. METHOD OF DISPOSITION		001.01.1	-							
	1X Burlal 2 Cremation 3 Ram	oval from Stela	cemetery, cre	matory or o	OF DISPOSITION (Na ther place)	7	5-94TE		CATION -		
	4 Donetion 5 Other (Specify)		_ Ceda	ar La		rial Par			gersi	.OWII,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	-		²² MINN	ICH FUNE	RAL HON	ΜE			
	1 9 CM	11/1/4	nnet	ί.	1				agerg	st own	. Md 21740
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or raspiratory arrest, Approximate										
	shock, Dr heart feilure.	Liet only one ceu	se Dn aech iine	atn. Do i	not enter the mo	ide of dying, auc	h as cardlec	or raep	iratory an	rest,	Approximata interval Between
	MANAGOVER CALLED IT.										
	discose or condition resulting in death) a. Metastatic Carcinema Menths										
	DUE TO (OR AS A CONSEQUENCE OF):										
2											
의	Sequentielly list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	F):						
¥ I	cause. Enter UNDERLYING										
표	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF	F):						+
E	resulting in deeth) LAST										
CERTIFICATION	d										
	PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
DICAL	PERFORMED? AWAILABLE PRIOR TO										
							18	YES 2	□ NO		OF DEATH?
Σ	DID 7074 660 1107										1 TES 2 NO
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIT				ACE OF DEATH (Ch	eck only one)				
Š	1 TES 2 NO	HOSPITAL:	ER/Oulpatient 3	KDOA	OTHER:	ne 5 Reeldence	6 Other (Sn	ecify)			
£	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF 28c. IN.	URY AT	26d. DESCRI		NJURY OC	CURED	
	Netural 5 Pending	(Month, De	ay, Year)	INJ	URY WO	YES 2 NO				-	1
B	2 Accident Investigation 3 Suicide & Could and be	28a. PLACE O	F INJURY — At ho	me ferm	street, factory, offic	100	281. LOCATION (Street and Number or Rural Route Number,				
	4 Homicide 8 Could not be	building,	etc. (Specify)		enser, rectory, ome	-		wn, State)	eria Number	or munal F	ibure Number,
山川											
교	Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occum	ed at the time, data	and place, and dua	to the cause(a) and mer	nner aa stai	led.	
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
H	\bigcirc 0/	^				7	29d. DATE SIGNED (Mon			(Month, Day, Year)	
2	30 NAME AND ADDRESS OF DEDOCAL VIII					D2145	1	7/1/99			
,	30. NAME AND ADDRESS OF PERSON WH		SE OF DEATH (ITEN	W 27) (Type,	, Print)	11.11	- 17	A .	1	T	4 4 5
	ABOUL WAHEED, MD- 12821-OAKHILL AVE. HAGERSTOWN MD										
	31. DATE FILED (Month Day Year) 432 REGISTRAD'S SIGNATURE										
	JUL 0 5 1994	of which Den	sono stones	Ale							

9920 m x 4.5.

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within monuts after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: Il liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
#	e de		10
D D	Q P		6 9
aine	Poc		iii
ret	5 8		5
y be	age		9
E	Dr. p		IST
9 9	rect		Ē
E	al di		100
ath.	Juer		E
r de	he fu	GO.	(B)
afte	9	NOE!	Ca
SHIS	=	7.76	ned
Š	filled	J.	9
d	ely	natio	= '
W	plet	Cren	len/
rted	100	130	5
Xecu	and	Ž	iati
9	lan.	H to	5
ate	ySic	ğ	T to
tific	to o	ene	4
8	din	F	1 0
eath	atte	ntal	χ, α
he d	the	Me	흪
lat t	6	and	ly i
SS C	ned	afth	3
quire	n sig	무	OW
¥	pee	t. of	S
69	has	8	23
F	ate	tate	tem
CIAN	rtific	the S	10
IS.	is co	t t	ed.
4	or th	÷.	ark
N	Afte	dea	E
TEN	OR:	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	00
AT	SECT.	ITS a	H 2
PO.	P	200	Ite
ITAL	RAL	2	=
OSP	S	ithi	ANI
무	H H	₹ D	J.H.
10	Ė	1 m	MPC
F	F	Z	=

31. DATE FILED (MONTH, Day, Year)

JUL 0 6 1994

	FOR STATE REGISTRAR	STATE OF MARYI		RTMENT OF		MENTAL HYGIEN REG. NO.	E	
2000	t. OFCEDENT'S NAME (First, Middle, Last) 4. Secial Security NUMBER	Barrier	William		HOFF	2. DATE OF DEATH DATE OF OS	94	0603 AM
-	215-01-9846		90 vns. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH Feb. 6, 1904	1 0.8	HATHPLACE (State or Foreign Country) Maryland
CTOR	9a. FACILITY NAME (If not institution, give so Washington County			9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY O	
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOC	ATION			10d, INSIDE CITY
E .	Maryland Wash	ington		ill i amsp				LIMITS?
RAL S	100. STREET AND NUMBER 803 Clear Sprin	ng Pd		.1	01. ZIP CODE 21795		10g. CITIZEN USA	OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (2 NO	If yes, s	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yea on, Puerto Rican, atc.) y:	or No.— 14. (RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	usual occupat work done during n se retired.) /Brakeman	nost of working	16b. KINO OF BUS	Railro	
BE COM	17. FATHER'S NAME (First, Middle, Last)	ller	Banzhof		7	ME (First, Middle, Maiden y Cathe		Unger
2	19a. INFORMANT'S NAME (Type/Print) Amos Banzhoff		19b. MAILING 245	Maplehu	and Number or Rural Irst Ave.	Aoute Number, City or Tow Williams	n, State, Zip Cod	21795
	20a_METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Remote A Donation 6 Other (Specify)	oval from State Co	b.PLACE AND DATE	of DISPOSITION (F	Park Jul.7,		cation - city erstown	
	21. SIGNATURE OF FUNERAL SERVICE LIC			OSBO	RNE FUNER			
	23. PART I. Enter the diseases, or capock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liat only one cause on a	ach line.		ode of dying, suc		retory arrest,	Approximete interval Between Onset and Dasti
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):							
PRINCIAN: MEDICAL C	PART II. Other significent condition Amputa	contributing to deeth	Left	In the underlying	ng ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2	DID TOBACCO USE	CONTRIBUTE TO	CAUSE O	F DEATH	YES N	0 🗆		
אוכוע	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSFITAL:	petient 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch			
מו אמ	27. MANNER OF DEATH 1 P Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURE	D
- 1	3 Suicide 8 Could not be determined	26a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, icrly)	street, factory, off	ca	261. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,
COMPLEIED		CIAN: To the beat of my known R: On the beals of examination						use(s) and menner as stated.
IO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	frence	- M	4D	29c. LICENSE NUI			NED (Month, Day, Year) 45, 1994
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Pencer 198/ (enly Ave Hagers Town Med 21) 40 31. DATE FILED (Mornin, Day, Your) 12. REGISTRAN'S SUBSTRANCE SUBSTRAN'S SUBSTRANCE SUBS							

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. OATE OF DEATH 3. TIME OF DEATH YEAR Paul Revere BUTERBAUGH 1994 1915 Tulu PM 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 214-09-0428 1 XM 2 F 99 YRS July 6, 1895 West Virginia Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Washington Co. Hagerstown RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 YES 2 K NO 10e STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 13414 Marsh Pike USA 21742 11 MARITAL STATUS 12, WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0626 1 Never Married 2 Married If yea, specify Cuban, Maxican, Puarto Rican, stc.) IF YES, GIVE WAR OR OATES 1 YES 2 NO Specify: Specify: ₽ 3 🔀 Widowed 4 🗌 Divorced S the ours after death. Page 6 may be retained by the hospital or attending W. W. I white 0 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KINO OF BUSINESS/INDUSTRY use (Give kind of work done ife. Do NOT use retired.) COMPLET detached for Elamentary/Secondary (0-12) College (1-4 or 5+) cabinet maker 8 organ manufacturer once. 17. FATHER'S NAME (First, Middle, Last) ta. MOTHER'S NAME (First, Middle, Maiden Sumame) Jacob Oliver Buterbaugh Anna Utz 200 notified at BE page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert P. Buterbaugh 13512 Marsh Pike, Hagerstown, Maryland 21742 be 20a. METHOD OF DISPOSITION
1 □XBurial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must funeral director, Rest Haven Cemetery 7-11-94 4 Donation 5 Other (Specify) Hagerstown, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 much the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by shock, or heart failure. List only one cause on each line. Interval Between cremation, or Onset and Death IMMEDIATE CAUSE (Final the disease or condition Chance ysician and completely prior to burial, cremati matty resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed v FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com-within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial. c Hypertin CERTIFICATION Sequantially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF) cause. Entar UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO any Hear Film COMPLETION OF CAUSE OF DEATH? . Antono y cleritic 1 YES 2 410 Shows Chame Menchin Palmer own 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) item HOSPITAL:
1 @ Impetient 2 | ER/Outpetient 3 | DOA OTHER: 1 | YES 2 | NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 10 28a. OATE OF INJURY (Month, Oay, Year) 27. MANNER OF OEATH marked, 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED t A Naturel 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 49 8 Could not be COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER
(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITAL OF THE FUNERAL DE BE filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) V TEAT NO 213019 7.8.74 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Jul 320 Edistant Spanishe VASAWT DATTA. MO 21740 MILLST HA CERSTOWN

31. DATE FILED (Month, Day, Year)
JUL 0 8 1994

2	5	40
r	2	90
ě	nay	2
5	9	500
	96	ije.
	4	100
	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5
3	b Jat	the
	afe	à
	DO.	2.
ı	E	illed
ı	2	Ϋ́
5	€	lete
)	5	Ę,
,	95	20
	exe	an
	pe	ian
ì	ate	JS.
	Tile	10
?	Sec	ding
	ath	tten
)	de	9
1	#	# A
	that	P
í	Se	gne
ĺ	ig.	S
	×	pee
ļ	19	185
	Ĕ	ate
	A.	iffice
	SICI	cen
	PHY	this
	9	rer
)	ON	Att
)	TEN	OR.
	AT	EG
	S.	띪
'	A	7

STATE OF		DEPARTMENT			MENTAL	HYGIENE
	CE	ERTIFICATE	OF DEAT	ГН		REG. NO.

		FOR STATE REGISTRAR		STATE OF M	IARYL	AND / DEPA					ENTAL	HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME (First, I	Middle, Lasi) Edna	Mae							MONTH	OF DEATH		YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBE		5. SEX		BURD In yrs. lest birthday)		VEAR	IF UNDER 2	_	July		1994		12:30am M
pin		184-28-0639 9a. FACILITY NAME (# not inst		1 □ M 2 🛣 F	6:		MONTHS	DAYS	HOURS	MIN.	VOV	2,1932	2]	Mary	yland
Pages 1, 2, 3 should	DIRECTOR	5139 Sidney	Road	er and number)					Air		TN		Fre Fre	of DE eder	
Jes 1,	EC		10b. COUNTY			10c. CI	TY, TOWN O	R LOCAT	ION						10d. INSIDE CITY
it. Pag	L DIF	Maryland 100. STREET AND NUMBER	Fred	derick			Moun	_							1 YES 2 NO
(x	A.	5139 Sidney	Road					107.	217	71			*	J.S.	A.
as the Carton	BY FU	11. MARITAL STATUS 1 Never Married 2 N N 3 Widowed 4 Divorce	farried	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2 NO	11	yes, spe	cify Cuban,			? (Specify Yes		4. RACE	— American Indian, White, etc.
- 1 Se	ETED	15. DECE (Specify only : Elementary/Secondary (0-1	DENT'S EDUCA highest grade co	ATION ompleted) College (1-4 or 5+))	life. Do NOT	work done d ise retired.)	uring mos	st of working		18b.		SINESS/INDUS		
the hospital or detached for u	COMPL	10				Electr	onics	Tec	chnic	ian		Elec	trical	. Co	ntractor
	00	17. FATNER'S NAME (First, Mid			Δ.	TINTTOO			_		E (First, A	liddle, Maiden	Surname)		*******
uld be	BE	Clarence	Leor	ard	A	LLNUTT				ura					HOWARD
e retained 5 should notified	2	198. INFORMANT'S NAME (Type/Print) Carl W. Burdette 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5139 Sidney Road, Mount Airy, Maryland 21771													
after death. Page 6 may be by the funeral director, page smoval.		20e. METNOD OF DISPOSITION 1X0 Burlel 2 Cremation 4 Donation 5 Other (5	3 🗆 Ramov	ral from State	cem	PLACE AND DATE etery, crematory or ntgomer	OF DISPOSI	TION /Na	me of		DATE	20c. LO	CATION — Cit	ly or Tow	vn, State
. Page ral dire		21. SIGNATURE OF SUNERAL		NSEE	1110	negomer	22.1	IAME AN	D ADDRESS	S OF FACI	LITY	13-126	T1/4-21		SAT COMPLETE
													me MD_21701		
filled in lon, or re		23. PART I. Enter the dis ahock, pr her IMMEDIATE CAUSE (Fina disease or condition resulting in death)	art fallura. Li	Liver	fai.	lure	not enter	the mod	de of dyin	ng, such	ss cerd	lec Dr respi	ratory arrea	A,	Approximete interval Batween Onset and Daeth
B 2 - 9	_			Due to (or as a consequence of): Hepatic cirrhosis							15 yrs.				
be execucian and or to bur	ATION	Sequentially list condition if any, leading to immediately cause. Enter UNDERLYIN	lata	DUE TO (OR AS A CONSEQUENCE OF):							15 yrs.				
n certifical ending phy Hygiene or other	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.													
Me Be	AL C	PART II. Other algnificen	t conditions	contributing to	death b	ut not resulting	in the un	derlying	ceuse gi	lven in P	art i. T	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
w requires that the bear signed by the control of Health and shows any In-	MEDICA	failure	emia wit	a with respiratory				PERFORMED?		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
law req as been Dept. of 23 sho											-				1 YES 2 NO
1 % 2 % E	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	_	HOSPITAL:			OTHER		ACE OF DE	ATN (Chec	k only on)			
CIAN: Sertifica the St	IXSI	1 YES 2 ANO		1 Inpatient 2	_		4 🗆 Nurs	ing Nome	5 X Res	-					
DING PHYSI After this o death with s marked,	ВУ РН	27. MANNER OF DEATN 1 Netural 5 P 2 Accident	ending westigation	28a. DATE OF (Month, Da		28b. Ti	ME OF JURY M	28c. INJI WOI 1 Y	JRY AT RK? ES 2 .		28d. DE\$	CRIBE NOW I	NJURY OCCU	RED	
OR ATTENDING DIRECTOR: After hours after death	ED		ould not be etermined	28e. PLACE OF building,	F INJURY etc. (Spec	— At home, term,	street, tecto	ery, office	7		28t. LOCA City (TION (Street a or Town, State)	and Number or	Rurel Ad	oute Number,
THE HOSPITAL OR ATTENDING PHYSICIAN: The FUNERAL DIRECTOR: After this certificate h filed within 72 hours after death with the State C PORTANT: If Item 28 is marked, or Item	COMPLET			AN: To the best of ex											and manner as stated.
TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h IMPORTANT: If I	TO BE	29b. SIGNATURE AND TITLE O	()	Moreo	2	M.I).		29c. LICEN	940	-		▶ 7/	6 9	Moren, Day, Maris
	ŕ	Robert C. Ma	acon, M	I.D., 809	9 Vi	ers Mil	1 Roa	d, F	lockv:	ille	, Ma	rylan	d 2085	1	
		31. DATE FILED (Month, Day, Ye JUL 1		32. REGISTRAI	A'S SIGN	LOT ROLL	à								

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 n detached funeral director, page 5 should be DIVISION OF VITAL RECORDS, P.O. BOX 68760, executed with

Pages 1, 2, 3 should

Ħ

DIRECTOR

FUNERAL

B

COMPLETED

BE

5

once.

notified at

pe

must

examiner

medical

the

event,

traumatic

or other

Injury,

any

23

6

marked.

69

28

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

2 Accident 3 Suicide

4 Nomicide

20a CERTIFIER

completely filled in by the rial, cremation, or removal. the attending physician and cor Mental Hygiene prior to burial, the death certificate be Health and N has been s OR ATTENDING PHYSICIAN: The law certificate h this c After DIRECTOR: / E HOSPITAL OR AI FUNERAL DIRECT WITHIN 72 hours of TTANT: If Item 5

FOR STATE REGISTRAR 1 -1. DECEDENT'S NAME (First, Middle, Last)

		RTIF					MENTAL HYGIE REG. N				
Theresa S	ophia E	Baldw	in				2. DATE OF DEATH MONTH July 3,	1994	YEAR	3. TIME OF DEATH	ам
5. SEX 6	AGE (In yrs. less	t birthday) YRS,	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) June 6,	1903	e. BIRTI	PLACE (State or Form	sign
ospital			% city		OR LOCATI	ON OF D	EATH		nty of D	George	

4. SOCIAL SECURITY NUMBER 214 - 60 - 2040 9a. FACILITY NAME (If not Institution, give str Laurel Regional Ho RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George Maryland Laurel 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11612 Laurel-Bowie Road 20708 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES X 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No II yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 YES 2 NO Specify Specify. 3 Wildowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTR Elementary/Secondary (0-12) Grade 7 Housewife Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Annie Otten Henry A. Lammers 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Janet Baldwin 11612 Laurel-Bowie Road, Laurel, Maryland 20708 20a. METHOD OF DISPOSITION
1 M Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE St. Mary's Cemetery 7/6 Laurel, Maryland 21 SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707 23. PART i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) RUPTURED ABDOMINAL ADRTIC AMEURY SA DUE TO (OR AS A CONSEQUENCE OF): LARGE ABDOMINAL ADRTIC ANEURYSM DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 25. V 26. PLACE OF DEATN (Check only one) OTHER 4 | Numb

WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Diffipationt 2 ER/Outpationt 3	□ DOA	OT 4
MANNER OF DEATH 1 🖒 Natural 5 🗌 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF

6 Could not be determined

u	rsing Nome	5 🗆	Residence	6 🗆 0	Other (Spec	Hy)		
	28c, INJUF WORK 1 YE	(?		28d.	DESCRIBE	NOW	INJURY	OCCURED

Md Do 1999

	_		
26a. PLACE OF INJURY — A building, atc. (Specify)	t homs, f	ferm, atreet,	factory, office

NO		
	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

(Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated.
one)	2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the c

MEDICAL EXAMINER.	On the basis of axamination	and/or investigation, in my opinion, de	ath occured at the time, data and	place, and due to the cause(a) and menner as stated.
29b, SIGNATURE AND TITLE OF CENTIFIER	- 1		29¢ LICENSE MIMBER	204 DATE SIGNED (Month One Year)

	1 8	an	\sim		K SU	-	, ,	1.00	-1	1
30. NAME AND A	DDRESS C	F PERSON	WHO	COMPLETED	CAUSE	OF DEAT	1 (ITEM 27)	(Туре,	Print,)

31. DATE F	ILED (Month. I	Day, Year)	32 MESIS	TRAR'S SENATURES				-		_
7/	20	CONT	FF	ROAD	SUITE	370	LAUREL,	ned	2070	7

ATE FILED (Month, Day, Year)	32 HEBISTRAR'S SIGNATURE
7-3-94	32 TERISTRAPIS SIGNATURES JULIA O'RUBLION RANGEL

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

			1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL	HYGIEN				
			1. DECEDENT'S NAME (First, Middle, Last)	IE BRENT				2. DATE	OF DEATH	DAY	YEAR 3.	TIME OF DEATH	
			GERTAGE	(1/11/1//)	BRENT			07-	-01 - 1	994		0813	M
			4. SOCIAL SECURITY NUMBER 577-50-2836	5. SEX 6. AGE	_	IF UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	Dey, Year)		Country)	ACE (State or Foreign	n
3 should			Bo. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN (OR LOCATION OF D		01-1	9c. COUNT		LAND	-
2,		DIRECTOR		L MEDICAL CI	ENTER	Shady	OLIS Side				AA		
ges 1,		EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION				10	d. INSIDE CITY	
permit. Pages	- 1			ARUNDEL	SHA	ADY SID	E				1	LIMITS?	
	1	ERAL	16. STREET AND NUMBER	DOAD		1	F. ZIP CODE			10g. CITIZE		T COUNTRY?	
C Just	1	FUN	1440 CEDAR HURST	12. WAS DECEDENT EVER I	N U.S. ARMED	_	20764 ENDENT OF HISPAI	NIC ORIGIN	? (Specify Ye	s or No— 1	U.S	American Indian,	
200	7	My F	1 Never Married 2 Married 3 XXWidowed 4 Divorced	FORCES? 1 YES	2 XIND NATES	If yes, sp	ecity Cuben, Mexica NO Specif	nn, Puerto R			Black, V Specify:	/hite, etc.	
21215-0020 al or and a para for up		9	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S U	SHAL OCCUPATION	ON	1405	KIND OF BU	JSINESS/INDU	BLAC	K	
212 al or a		E.	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of wo	rk done during mo retired.)	ast of working	160.	KIND OF BU	JSINESS/INDU	STRY		
	-	MPLETI			NURSE A	ASSISTA	NT			_			
YLAI by the be deta	at once.	8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Sumame)			
MARYLAND retained by the hospit 5 should be detached	notified	BE	VIRGIL MOULDEN 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	MAR. Ind Number or Rural	IE RI		en State Zio C	orie)		
		2	BRUCE STEADMAN				WN PLACE				-		
ORE 6 may ctor, pag	must be	Ì	20a. METHOD OF DISPOSITION 1 Description 3 Remo	oval from State cer	D. PLACE AND DATE OF	DISPOSITION (No	ame of	DATE	20c. LC	OCATION — CI		State	
Page 6	E Je	10. 20.	4 Donation 5 Other (Specify)		BENEZEK CH	HURCH CI	EMETERY :		4 GA	LESVIL	LE,	MD.	
BALTIMORE, er death. Page 6 may be the funeral director, page	examiner		1 4-	1		REESI	E & SONS	MORT					
B after of the			23. PART I. Enter the piseases, or c	Seese omplications that cause	d the deeth. Do no	821 V	VEST ST.	ANNA	POLIS	, MD.	2140	1 Approximate	
nours d in	medical		shock, or heart fallure. I IMMEDIATE CAUSE (Final	List only one cause on e	each line.		ac or cynig, odo	ar da caro	ac or reap	matory arres	***	Interval Betwee	
토술	remanon,		disease or condition resulting in death)	Acute My	ocardial	Insui	ficien	Cy					
68760, xecuted within and completely	. 6	1	l constitution of		A CONSEQUENCE OF):								
Secure of the	traumatic en	NO.	Sequentially list conditions, if any, leading to immediate	ASCVD DUE TO (OR AS A	A CONSEQUENCE OF):								
P.O. BOX ath certificate be a tending physician		CERTIFICATION	Cause, Enter LINDERLYING	Diabetes	Mellitu	S							
.O. B. certificate ding physi	rygiene or other	TIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):								
OS, P.O he death certi the attending	injury, or	S		l									
RD at the by th	2 =	SAL	Alcohol Abuse	s contributing to death t	out not resulting in	the underlying	g cause given in	Part I.	24a. WAS AF PERFO		AV	ERE AUTOPSY FINDIN AILABLE PRIOR TO	
OF VITAL RECORD HYSICIAN: The law requires that the his certificate has been signed by th	shows any	MEDIC	Alcohol Abuse					- 1	1 TYES	2 💢 NO	Of	MPLETION OF CAUSE DEATH?	ε
A requ								-			1	YES 2 NO	
FAL The law te has b	Item 23	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)				
CIAN:	or le	PHYSICIAN:	1 TYES 2 NO	1 Inpetient 2 ER/Out	patient 3 DOA 4		e 5X Residence						
	marked,		27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	26b. TIME INJUI	RY WO	PURY AT DRK? YES 2 NO	28d. DEŞ	CRIBE HOW	INJURY OCCU	RED		
VISION ATTENDING ECTOR: After	is mai	9	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	At home, farm, atr			28f. LOCA	TION (Street	and Number or	Aural Rout	e Number,	-
DIVISION OR ATTENDING F DIRECTOR: After	28 8	TED	4 Homicide datarmined	building, etc. (Spe	city)			City o	r Town, State)			
_ 4 4	/z hours	COMPLET		CIAN: To the best of my know									
TO THE HOSPITAL TO THE FUNERAL	ANT:	S	2 MEDICAL EXAMINER	R: Dn the basis of examination	end/or investigation,	In my opinion, d	leath occured at the	time, date	and place, a	nd due to the	cause(e) ar	nd manner as stated	ı.
岩岩	PORT	H	296. DIGHATURE AND TITLE OF CERTIFIER	Do	w		D 060!					onth, Day, Year)	
22.	2 ₹	2	NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	rint)	D 0003	74		07	-01-	1994	4
			William P. Jon		6131 Sh		de Rd	Sha	dy Si	ide,	Md.	20764	
			31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE						-		
	L		JUL 07 199	14 Juli Dave	uartandall				_			DHMH-16 Rev	

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within during the control of the

1 - FOR STATE REGISTRAR	
-------------------------------	--

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAN			CERTIF	ICATE U	T DEAL	п	RE	G. NO.					
ŀ	1. OECEOENT'S HAME (First, Middle, Last)							2. DATE OF DI	EATH DAY	YEAR	3. TIME OF DEATH			
·	Carlos		Omar		Bro	Linn.		June	27		0045 "			
;	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA		24 HRS.	7. DATE OF BI			THPLACE (State or Foreign			
		1300M 2 F	18	YRS.	MONTHS DAY	8 HOURS	MIN.	(Month, Day.		Cour	ntry)			
i	214-86-0198 9a. FACILITY HAME (If not institution, give si			-				8 30 1		MARYLAND DC. COUNTY OF CEATH				
.											OEATH			
	1700 blk. Mead	<u>e Villa</u>	ge Ci:	rcle	Severn Anne Ar						e Arundel			
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			40. 007										
: 11	IGE COOK!			10C. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?			
		ARUNDEI.			SEVERN						1 XXYES 2 HO			
	10e. STREET AND HUMBER				101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?				
1	1667 CIRCLE RD.					211	.44			U.	S.			
	11. MARITAL STATUS	12. WAS DECEDEN			13. WAS (DECEMBENT O	F NISPAN	HC ORIGIN? (Spe	city Yes or I	No- 14. RAC	CE — American Indian,			
1	1 XXNever Married 2 Merried	IF YES, GIVE V	YES 2 [XX	If yes, specify Cuben, Mexican, Puerlo Rican, etc.) Black, White, etc.									
l	3 Widowed 4 Divorced					TALL.	opouny			1	BLACK			
	15. DECEDENT'S EDUC		16e.		USUAL OCCUPA			16b. KIND	OF BUSINE	SS/INDUSTRY	-			
1	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of a	work done during se retired.)	most of worldr	g	1,100,000						
l	Committee y Society (0-12)	Conege (1-4 or 5	" U	NEMPLO	YED									
	17. FATHER'S HAME (First, Middle, Last)			:	-	I se MOTE	IEDIO MAI	AF /Fina Adiabatic	Maldan O.					
ı	JAMES BROWN				18. MOTHER'S NAME (First, Middle, Meiden Surname) BARBARA DORSEY									
199. INFORMANT'S HAME (Type/Print) 190. MAII ING ADDRESS (Street and Number of Puril Point Number China: Tour State 7th Code)														
O Total Notice National Control of National Co														
BARBARA DORSEY 1667 CIRCLE RD. SEVERN, MD. 21144														
ı	20a. METHOD OF DISPOSITION	nval from State				(Neme of		DATE	20c. LOCATI	ION — City or 1	lown, State			
	1 XXBurial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) WILSON CHURCH CEMETERY 7/1/94 GAMBRILLS, MD.													
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A.													
	► ₹ H				REES	E & SC	NS M	ORTUAR	Y, P.	Α.				
4	Many D.	1 se	2		821	WEST S	T. A	NNAPOL	IS. M	D. 214	01			
	23. PART I. Entar the diseases, or of shock, or heart failure.	complications that	t caused the	death. Do r	not entar the	moda of dy	ng, sucl	h as cardiac c	er respirato	ory arrest,	Approximata			
- []	IMMEDIATE CAUSE (Final										Intarval Between			
Н	disease or condition													
	OUE TO (OR AS A COHSEQUENCE OF):													
.														
	Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
	cause. Enter UNDERLYING													
í II	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
	resulting in death) LAST													
3		d												
- 1	PART ii. Other significant condition	6 contributing to	death but no	ot rasulting	in the underly	ying cause	jiven in	Part i. 24a.	WAS AN AUT		Ib. WERE AUTOPSY FINDINGS			
3									PERFORME		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
EDICAL								— 'X	YES 2 🗆	HO I	OF DEATH?			
Ē ∦	DID TOBACCO USE (ONTRIBLITE	TO CA	HSE OF	DEATH	VEC [NO				YES 2 NO			
Y Y		CHIKIDOIL	. IO CA	USE OF			NO							
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		Т	OTHER:	. PLACE OF D	EATN (Che	eck only one)						
2	1 X YES 2 □ NO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA		Nome 5 - Re	eldence	6 X Other (Spe	city) at	scen	e			
	27. MANNER OF DEATH	28e. DATE OF (Month, f	HJURY lay, Year)	26b. TIM	E OF 28c.	IHJURY AT WORK?		28d. DESCRIB	E HOW IHJU	RY OCCURED				
2	1 Hatural 5 Pending 2 Accident Investigation	6/27/	14 Tour	0035	ANAID 1		NO	5	ubje	CT SI	FOT			
<u>"</u>	3 Suicide 8 Could not be	26e. PLACE C	F INJURY — At atc. (Specify)	home, farm,	street, factory, o	office	\neg			Number or Rura	I Route Number, AAA			
<u>"</u>	4 Nomicide determined	Sunany,		ME				1763	VEADE	VIII.	CIRCLE SELM			
4	29e. CERTIFIER	CIANI To Mark 1			1000					٠١١١٠٠	CH CHE / DEVCH			
Σ		CIAN: To the best of												
3	A MEDICAL EXAMINE	n: Up the Bale of e	xamination end/	or investigation	on, in my opinio	n, death occur	ed at the	time, date end p	place, and du	ue to the ceuse	e(e) end menner ee stated.			
	296 SIGNATURE AND TITLE OF CENTIFIED	9/				29c. LIC	ENSE NUN	MBER	29	d. DATE SIGNE	ED (Month, Day, Year)			
	Lace Firmer	ممحا	11				C	M.E.		Jun	e 27 1994			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF BEATH (ITEM 27) (Type	, Print)		1	1111		Juli	<u>C 21 1994</u>			
	MARIA FIGAL	E the	MAD			do an = - 1	-				3 01001			
	31. DATE FILED (Month, Day, Year)	32, RECHSTR	R'S SIGNATIIO	III P	enn S	rreet	, B	altimo	ore,	maryl	and 21201			
	JUL 05 19	94 11:	AR'S SIGNATUR	Randal	1									
	anr 69 19	June 1												

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within arouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the befined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumattic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

	1 - FOR STATE OF MAR REGISTRAR	YLAND / DEPAR CERTIFI		HEALTH AND	MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH			3. TIME OF DEATH
	Helen Irene Boyer	r			July	DAY 4	994	8:30P M
		GE (In yrs. lest birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
	218-12-1242 1□M2X1F	71 YRS.	MONTHS DAYS	HOURS MIN.	Jan 28 1		Country,	laryland
	9a. FACILITY NAME (If not institution, give street and number)	' 1 ·	9b. CITY, TOWH	OR LOCATION OF DE			ITY OF DE	
BY FUNERAL DIRECTOR	1244 Tyler Avenue		Ann	apolis		Anne	e Aru	ndel
Ë	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOC	ATION				10d. INSIDE CITY
۵	MD Anne Arundel	Aı	nnapoli	S				1 YES 2 NO
\¥	10e. STREET AND NUMBER		1	01. ZIP CODE		10g. CITI	ZEN OF WI	HAT COUNTRY?
ÿ	1244 Tyler Avenue			21403	3		USA	
<u>.</u>	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER FORCES? 1 Y	ER IN U.S.VARMED ES 2 1 NO		CENDENT OF HISPAN			14. RACE Black,	American Indian, White, etc.
34	3)(X Widowed 4 Divorced IF YES, GIVE WAR O			S 2 NO Specif				White
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	LIGHTAL COCKERA	Plan	Tan wwo or			*****
COMPLETED	(Specify only highest grade completed)		ork done during r		16b. KIND OF	BUSINESS/IND	USTRY	
7	Elementary/Secondary (0-12) College (1-4 or 5+)				Cla	-L/T	IC N.	- 1 A - 1
MO	17. FATHER'S NAME (First, Middle, Last)	Seamt	ress	18 MOTHER'S NA	ME (First, Middle, Mai		JS Na	val Academy
Ŭ E	Norman Swift					Jen Suriame)		
m	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street	and Number or Rural	NOWN Boute Number City or	Town State Zin	Codel	
2	Rick Bover			Avenue A				
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE O	E DISPOSITION /	Vame of		LOCATION —		n. State
	1 □ Burlal 2 🕰 Cremation 3 □ Ramoval from Stata 4 □ Donetion 5 □ Other (Specify)	Freely, comstory or of Linco.	er placel In Crem	atory 7/	. 1.			laryland
	21. SIGNATURE OF FUNERAL SERVICE USENSEE	7	22. NAME	AND ADORESS OF FA		Tav1	or Fu	neral Home
	12/1/1/10			uke of G1				
_	March . Com	^						IIS, IID
	23. PART I. Enter the diseases, or complications that ceushock, or heart feilure. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR /	M 1 C O S				,		Approximate interval Between Onset and Death WAY
CERTIFICATION	r any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF						
AL C	PART II. Other significent conditions contributing to dest	th but not resulting i	n the underlyi	ng cause given in	Part i. 24a. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
2		- 1			PER	FORMEO?		AMILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC					_ ¹ u те	S ZĄL NO		OF DEATH?
≥ .		10-			_			1 TES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL		28.	PLACE OF OEATH (Ch	eck only one)			
35	EXAMINER? 1 YES 2 XXO 1 Inpetiant 2 ER/	Outpatient 3 DOA	OTHER:	me 5 Rasidence				
¥	27. MANNER OF DEATH 28a. DATE OF INJU	RY 28b. TIME	OF 28c. II	JURY AT	28d. DESCRIBE HO	W INJURY OCC	URED	
	1 Natural 5 Pending (Month, Day, Ye.	ar) INJ		YES 2 NO				
ВУ	3 Suicide 280. PLACE OF INJ	URY — At home, farm, a	treet, factory, off	ica	28f. LOCATION (Str	set and Number	or Rural Ro	oute Number,
빌	4 Homicide detarmined building, etc. (Specify)			City or Town, S	ato)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my k	nowledge double course	4 4 4	Conduction Same		Section .	2.0	
M M	(Check only one) 2 MEDICAL EXAMINER: On the beals of examin							
	296. SACHATORE AND TITLE OF CONTIFIENT		, it my opinion					
B	(War La M V)			29c. LICENSE NUI DO592				(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OFATH AVEN OF C	Oni-et	1 20072		J	uтy	5, 1994
				A	_ 34 ~	1 01 1	0.1	
	Charles W. Kinzer, M.D. 183	SIGNATURE	ביי. Drive	Annapoli	s, Maryla	ind 214	UI	
		idear Revolute						
	002 00 1004 7104 1010	- Andrew & constitution of				-		OHMH-16 Rev 1/89

Approximately the A

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATH MONTH Louise Bond Be1ch A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTN IF UNDER 1 YEAR IF UNDER 24 HRS. 213-36-4046 1 M 2 X F 56 YRS. May 4 1938 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 102 Old Crossing Lane Annapolis Anne Arundel 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Anne Arundel Annapolis YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE WHAT COUNTRY? 10a. CITIZEN OF 102 Old Crossing Lane 21401 USA 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE American Indian, White, etc. BALTIMORE, MARYLAND 21235-0020 1 Never Married 2 Married 3 Widowed 4 Divorced White or aftending ETED 16e. DECEDENT'S USUAL OCCUPATION
(Glum kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY 980 (Specif Elementary/Secondary (0-12) College (1-4 or 5 +) retained by the hospital COMPL Title Abstractor Real Estate 12 funeral director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Meiden Surname) 70 BE Joseph V. Stumpf Louise Wood notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lames G ANDDATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City of Town, State after death. Page 6 may be pe 20e, METHOD OF DISPOSITION

1 Guriel XX Cremetion 3 Guriel Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must tery cramatory or other place)
Limcoln Crematory 7/6/94 Brentwood, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home examiner 147 Duke of Gloucester St. Annapolis, MD n, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 6 Onset and Death IMMEDIATE CAUSE (Fine) cremation. disease or condition resulting in death) an and completely to burial, crematic nan event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING attending physician Mental Hygiene prior CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 signed by the a Health and Ment PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 TYES 2 NO OF DEATH? shows ? 1 TYES 2 NO PHYSICIAN: Dept. this certificate has by with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL OR ATTENDING PHYSICIAN: The HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ome & Residence 8 Other (Specify) 50 27, MANNER OF DEATH 28e. DATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 🗌 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is COMPLETED 8 Could not be DIRECTOR: / 4 Homicide hours tem 29e. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, date end place, end due to the cause(e) end manner as stated. FUNERAL C within 72 h TANT: II II TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner se stated, 296. SIGNATURE AND TITLE OF CENTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yber) BE D0811 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ins 900 TAVLEY BESTEATE 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Davideg Redall

DHMH-18 Rev 1/89

ULAN SELECTION

1 8	1. DECEDENT'S HAME (First, Middle, Last)				DEATH	2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH						
1.0	·	line J.	В	eas		June 27	1994	9:55						
Ŷ	4. SOCIAL SECURITY HUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6	BIRTHPLACE (State or Fore Country)						
	190-12-7243	1 M 2 XF 71	YRS.			12-27-22		Pennsylvani						
r	9a. FACILITY HAME (If not institution, give s	street and number)			OR LOCATION OF D	EATH	14.00 4.00	Y OF DEATH						
CIOH	1760 Lang Drive			L Cr	ofton		Anne	Arundel						
E	10a. STATE 10b. COUHT			Y, TOWN OR LOCA	ITION			10d. IHSIDE CITY LIMITS?						
1	Maryland Ann	e Arundel		Crofton	H. ZIP CODE			1 TYES 2 X H						
FFTM	1760 Lang Drive				21114		10g. CITIZE	USA						
LON	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		CENDENT OF HISPA	HIC ORIGIN? (Specify	Yes or Ho— 14	4. RACE — American Indian						
BY F	1 Hever Herried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2X NO		pecify Cuban, Maxica S 2XXHO Specia	an, Puerto Rican, etc.) ly:		Black, White, etc. Specify:						
	15. DECEDENT'S EDU	ICATION	AL DECEMENT	1101141 00011017				White						
	(Specify only highest grade	e completed)	16a. DECEOEHT'S (Give kind of v life. Do NOT us	work done during m		l l	gomery							
COMPLETED	Clameriary/Secondary (U-12)	College (1-4 or 5 +) 1 year	Вос	okkeeper			rtment							
000	17. FATHER'S HAME (First, Middle, Last)		200	ooper										
BE (John Moody			Mary Gillis ——									
TO BE	19a. IHFORMAHT'S HAME (Type/Print)			ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	Susan M. Balint 1760 Lang Drive Crofton, Maryland 21114													
	20e. METHOO OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Cemetary, crematory or other place) Resurrection Cemetery 7-1+94 Clinton, Maryland													
Į.	21. SIGHATURE OF FUHERAL SERVICE M		surrect.	22. HAME A	HD ADDRESS OF FA	CILITY								
	Vant V-Va	In		Geor	ge P. Ka	las Funer	al Home	e						
	23. PART I. Enter the diseases, or	complications that caused	the death. Do r					1, Md. 20745						
	shock, or heart fellure. List only one cause on each line.													
	disease or condition a Coronary artery Disease													
	DUE TO (OR AS A CONSEQUENCE OF):													
8	Sequentially list conditions,													
Sequentially list conditions, If smy, lasding to immediata cause. Entar UNDERLYING														
	CAUSE (Diseasa or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
ERTIFI	resulting in death) LAST	d												
0	PART II. Other significant condition	ns contributing to death bu	t not resulting	In the underlyle	o cause alven in	Part I 24a WAS	AH AUTOPSY	24b. WERE AUTOPSY FIN						
AL CE		_ /0 / / / / / / / / / / / / / / / / / /		the arrangery in	.g outdo given in	PERF	ORMEO?	AMAILABLE PRIOR TO COMPLETION OF CA						
CA	w II													
ш		DID TORACCO LISE CONTRIBUTE TO CALISE OF DEATH VES AND D												
N: MEDICAL	DID TOBACCO USE	CONTRIBUTE TO	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO []											
Σ E	25. WAS CASE REFERRED TO MEDICAL		CAUSE OF	26. F	YES NO									
YSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 NO	HOSPITAL:		26. F	LACE OF DEATH (CI									
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANHER OF DEATH	HOSPITAL:	tient 3 DOA	26. F OTHER: 4 Hursing Hot E OF 28c. IH	PLACE OF DEATH (C/ The 5 Residence JURY AT ORK?	neck only one)	V IHJURY OCCU	RED						
BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 NO 27. MAHHER OF DEATH Hetural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER/Outpat 28a. DATE OF IHJURY (Month, Day, Year)	28b. TIM	26. F OTHER: 4 Hursing Hot E OF	PLACE OF DEATH (CI me 5 Residence JURY AT ORK? YES 2 HO	6 Other (Specify) 28d. DESCRIBE HO								
D BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 NO 27. MAHHER OF DEATH Hetural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Outpet	28b. TIM	26. F OTHER: 4 Hursing Hot E OF	PLACE OF DEATH (CI me 5 Residence JURY AT ORK? YES 2 HO	6 Other (Specify) 28d. DESCRIBE HO	et and Number or	RED Rural Route Number,						
ETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 NO 27. MAHHER OF DEATH Hetural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	HOSPITAL: 1 Inpetient 2 ER/Outpat 28a. DATE OF IHJURY (Month, Day, Year) 28a. PLACE OF IHJURY - building, atc. (Specifi	28b. TIM	28. FOTHER: 4 Hursing Hol E OF 28c. Hi URY M 1 street, factory, offi	PLACE OF DEATH (CI) THE 5 Residence JUNE 17 JU	eck only one) 6 Other (Specily) 28d. DESCRIBE HOT 28f. LOCATION (Street, St	et and Number or to)	Rural Route Number,						
ETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 NO 27. MAHHER OF DEATH Hetural 5 Pending investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only	HOSPITAL: 1 Inpetient 2 ER/Outpat 28a. DATE OF IHJURY (Month, Day, Year) 28a. PLACE OF IHJURY - building, atc. (Specificial)	28b. TIM	28. FOTHER: 4 Hursing Hot E OF 28c. IH URY 1 street, factory, offi	PLACE OF DEATH (CI me 5 Residence JUNE 17 AT ORK? YES 2 HO Ce e end place, end due	eck only one) 6 Other (Specify) 28d. DESCRIBE HOT 28f. LOCATION (Street, St	et and Number or te)	Rural Route Number,						
COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 NO 27. MAHHER OF DEATH Hetural 5 Pending investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only	HOSPITAL: 1 Inpetient 2 ER/Outpet 28a. DATE OF IHJURY (Month, Day, Year) 28a. PLACE OF IHJURY building, atc. (Specificial): ICIAH: To the best of my knowle	28b. TIM	28. FOTHER: 4 Hursing Hot E OF 28c. IH URY 1 street, factory, offi	PLACE OF DEATH (CI me 5 Residence JUNE 17 AT ORK? YES 2 HO Ce e end place, end due	eck only one) 6 Other (Specily) 28d. DESCRIBE HOT 28f. LOCATIOH (Stre-City or Town, State) to the cause(e) end reptime, date and place,	et and Number or te) nenner as stated and dua to the (- Rural Route Number, I. cause(s) and manner as sta						
BE COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1	HOSPITAL: 1 Inpetient 2 ER/Outpet 28a. DATE OF IHJURY (Month, Day, Year) 28a. PLACE OF IHJURY building, atc. (Specificial): ICIAH: To the best of my knowle	28b. TIM	28. FOTHER: 4 Hursing Hot E OF 28c. IH URY 1 street, factory, offi	PLACE OF DEATH (CI	eck only one) 6 Other (Specify) 28d. DESCRIBE HOT 28f. LOCATIOH (Streen City or Town, Steen to the cause(e) end of time, date and place,	et and Number or te) nenner as stated and dua to the (Rural Route Number,						
ETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1	HOSPITAL: 1 Inpetient 2 ER/Outpat 28a. DATE OF IHJURY (Month, Day, Year) 28a. PLACE OF IHJURY building, atc. (Specificial): BICIAH: To the best of my knowle ER: On the basic of examination	28b. TIM IH. At home, term, sedge, death occurre end/or investigation	26. F OTHER: 4 Hursing Hot E OF 28c. IH URY 1 street, factory, offi	PLACE OF DEATH (CI me 5 Residence JUNE 15 Reside	eck only one) 6 Other (Specify) 28d. DESCRIBE HOT 28f. LOCATIOH (Streen City or Town, Steen to the cause(e) end of time, date and place,	et and Number or ree) nenner as stated and due to the company to	I. cause(s) and manner as sta SIGHED (Month, Day, Year)						

BALTIMORE, MARYLAND 23215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital of attending physician and completely filled in by the funeral director, page 5 should be detached for use as an interest of the page 5 should be detached for use as an interest and within 22 boars after death with the State byer. Of Health and Mental Hydrene prior to burit, cremation, or removal.

MADRITANT If them 28 its marked or them 23 shows any linium or other trainmatic event the medical examinar must be notified at ance. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

mit. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR

CERTIFICATE OF DEATH

Parkland Parkland

	1. DECEOENT'S NAME (FIRST, MIGGING, LIBST) Barbara B. Bush 2. Date of Death Month June 21, 1994 4:58A M															
	Į.			В.				DUSI	1			Jun	e	21,	199	4:58A M
		4. SOCIAL SECURITY NUM	BER	5. \$EX	6. AGE (in yrs. lesi	**	IF UNDER	1 YEAR	HOURS	R 24 HRS.	7. DATE C	Day, Year)		8. BIRTI Count	IPLACE (State or Foreign ry)
		579-38-2513		1 M 2 XF		61	YRS.					10-3	0-32		4	n. D.C.
		9a. FACILITY NAME (# not in		*	1						ION OF OE	EATH			INTY OF C	
DIBECTOR		Doctors Hosp		or Mary La	ina			Lá	anhar	n			_	Pri	nce (Georges
Į,		10a. STATE	10b. COUNT	Y			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
	- 11	MD	Prince	e Georges	3		Riv	/erda	ale							LIMITS? 1 X YES 2 NO
13	100. STREET AND NUMBER 101. ZIP COOR														WHAT COUNTRY?	
- Constant		6821 Rivero	dale Ro	oad					20	0737			USA			
A A	5											NC ORIGIN?	(Specify Yes	or No-	14. RAC	E — American Indian, k, White, atc.
2	5	3 Wildowed 4 XDivorced IF YES, GIVE WAR OR OATES 1 YES 2 XNO Specify:										, , ,		Spec	thy:	
6		15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION										16b.	KINO OF BU	SINESS/IN		ack
1307	C/E	(Specify on Elementary/Secondary (I		College (1-4 or 5	F)	(Gr	ve kind of a Do NOT us	work done se retired.)	during mo	st of worki	ng					
O MDi E				2 vrs.		C1a	aims	Exar	nine	r		Но	using	Urba	an De	evelopment
		17. FATHER'S NAME (First, M	and the second second							16. MOT		ME (First, M	iddle, Maiden			
B BE	James Blackburn, Sr. Rosie Youn										0					
	19a. INFORMANT'S NAME (Type/Print) John T. Ceasar 19b. Mailing Acoress (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 112 Dauntly Street Upper Marlboro, Md. 20772										00770					
8 '					-			_			t upp		_			
	20a. METHOD OF DISPOSITION 1 X Burlei 2 Cremation 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of camelery, crematory or other piece)									1		CATION —				
	4 Donation 5 Other (Specify) Cedar Hill Cemetery 6-27 Suitland, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										1.					
Yall	R mauhall Marshall's Funeral Home, Inc. 4217 9th. St. N.W. Wash. D.C. 20011															
	23. PART Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximates															
200		shock, or h	aert fallure.	Liet only one cau	se on a	ech iine.							ao or roup	notory at	1000,	interval Batween Onset and Death
9	- 11	iMMEDIATE CAUSE (Findisesse or condition		Dessi		1. 1.00	0.327-0	Shelo	Aria	0~	Drad	1. i. h	Dank	A.naî	0	Onset and Destin
	ı	resulting in death)	,	a. Paul	(OR AS)	CONSEC	UENCE O	F):	V LLA /	1 01	Cevu	uui	will	ити	_6	
2		Convention list on different		· Seu	ere	Del	H UH	nh	cul	en a	ush	unch	in I	and		1
CERTIFICATION		Sequentisity liet condit if any, leading to imme	diate	OUE TO	(OR AS A	CONSEC	VENCE O	F):	Per	NUTTO	3 2	Spach	ruci			
		cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events		с	(OR AS A				1							
E		resulting in deeth) LAS	т	-				u d	A D.D.A	9.0						İ
								- 1								
AFDICAL		PART ii. Other aignifica							nderlyin	g ceuse	given in	Part i.	24a. WAS AN PERFOR		24t	. WERE AUTOPSY FINOINGS MAILABLE PRIOR TO
			DID	selvo	KEN	an	100	WH				- 1	1 TES 2	NO		OF DEATH?
		DID TOPACCO) lise 4	CANTRIBUTE	TO	CALIC	E 05	DEAT	ru v	EC .	1 110	_	PENI	DING.		1 TYES 2 THO
AN		DID TOBACCO		JONIKIBUIL	10	CAUS	C OF	DEA		ES _	NO MEATH (Ch	eck only one				
PHYSICIAN		EXAMINER?		HOSPITAL:	ER/Oute	atlant 2	□ DO4	OTHE	R:							
) X		27. MANNER OF OEATH		28e. OATE OF	INJURY	etienit 3	28b. TIM	E OF	28c. INJ	URY AT	esidenca	6 Other	(Specify)	NJURY OC	CUREO	
BY D	- 11		Pending Investigation	(Month, E	lay, Year)		IN.	M		PRK? YES 2[] NO					
ے اء		3 Suicide 6	Could not be	28a. PLACE C	F INJURY	- At hor	me, term,	street, fac	tory, offic				TION (Street Town, State)		or or Rural	Route Number,
97 E			determined									ony o	norm, crate)			
COMPLET				CIAN: To the best of												
		2 MEO	ICAL EXAMINE	R: On the beele of e	xaminatio	n and/or li	nveatigatio	en, In my o	opinion, d	leath occu	red at the	time, date	end place, ar	nd dua to t	ha cause(a) and manner as stated.
E HE		29b. SIGNATURE AND TITLE	OF CERTIFIE	R						29c. LIC	ENSE NUM	ABER		29d. DA	TE SIGNE	(Month, Day, Year)
0		30. NAME AND ADDRESS OF	Men	4 3000	ad	4	4 0m =	0.11.1		BB	3191	0219		6	121	54
1		BELAYENH	-	EXITIOU CAU	DE OF OE				. Ωi	10.	2000		1. 1013.0			
\mathcal{D}		31. DATE FILEO (Month, Day,		32. REGISTRA	AR'S SIGN	ATURE	OU	KEN	100	iky	KONE) K	TNERD	1718	MI	
1		JUN 2	8 199	14 July	in Dai	idson	-Aand	In lea								

dt #356

	1	1	$\overline{}$
-4	A	A	,
BALTIMORE, MARYLAND \$1275-0020	Ĭš	3	
2	Œ		٠,
I	9	٧'n,	o
岩	E	#	
52	16	1	
MA.	70	ď.	voqu
	10	3	
z	8	8	8
3	ĕ	9	8
≥	E	0	70
H	ě	900	2
ŝ	뒫	10	퓜
	2	90	
뿠	18y	g	4
ō	9	ctor	2
Σ	30e	dire	-
F	4	100	- E
Ų	eath	9	F63
S S	D TO	2 6	9
	afte	byt	Ca
	Sing	E S	De
	č	liled	
	É	P P	=
0	With	plet	- Fu
9/	ed v	mo le	8
58	Scut	Die	#c
×	8	t a	E
0	De De	icia	2
m	cat	Spin of	6
o	encif	Die	10
σ.	P	B	6
	Jeat	affe	2
Ö	he	E S	큳
Œ	at t	Po Dy	Y
0	# S	the d	e
S	ein	S	× ×
H	red	een	3
_	₩.	as b	33
A	The	e e	E
Ξ	Z	Stat	1
-	CA	Page 4	0
0	HYS.	ils c	90
Z	E D	おき	ar.
ō	DIN	Afte	E
S	EN	OR.	00
5	A	ECI	2 2
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Friours after death. Page 6 may be retained by the hospids or attends of attends of the hospids or attends of the hospids or attends of the hospids or attends of the hospids or attends of the hospids or attends of the hospids or attends of the hospids or attends of the hospids or attends of the hospids of th	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be despited by use and the physician prior in build cremain or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

Pages 1, 2, 3 should

TO THE FUNERAL D
De filed within 72 ho
IMPORTANT: If It

BY

COMPLETED

BE

2

1 Natural

2 Accident

3 Suicide

4 Homicide

31. DATE FILED (Month, Day, Year)

JUN 2 8 1994

8 Could not be

datarmined

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEDENT'S MAME (First, Middle, Last) 2. DATE OF DEATH 3. THE OF Anita Orayton une Cioffi 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. Yest birthday) 7. DATE OF BIRTH (Month, Day, Year) July 30 1907 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 - M 2 -F MONTHS HOURS YRS. 309 18 5673 86 Washington D.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7051 Carroll Ave. Takoma Park Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Takoma Park MX YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7051 Carroll Ave. 20912 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-2X NO 1 Never Married 2 Married If yea, specify Cuban, Maxican, Puarto Rican, atc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify BY Specify: 3 Widowed 4 Divorced No White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 District Manager Avon Products 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Anthony Cioffi BE Theodora Rosetta 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Lou Malzone 12509 Swirl Lane Bowie Maryland 20715 20a. METHOD OF DISPOSITION
1 ☑ Burlal 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Fort Lincoln Cemetery 4 Donation 5 Other (Specify) 6/29/94 Brentwood Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart failura. List only ona csusa on each line intarvai Between **IMMEDIATE CAUSE (Final** Onset and Desth Distensine arterio plastic landigiras cula disease disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, lasding to immediata cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daath) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO [7] PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINENT HOSPITAL: OTHER: 1 | Inpatiant 2 | ER/Outpatiant 3 | DOA ne 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES ATTO-LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THURSO un PLETED CAUSE OF DEATH (ITEM 27) (Type Fint) 4510 Kodn

м

28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)

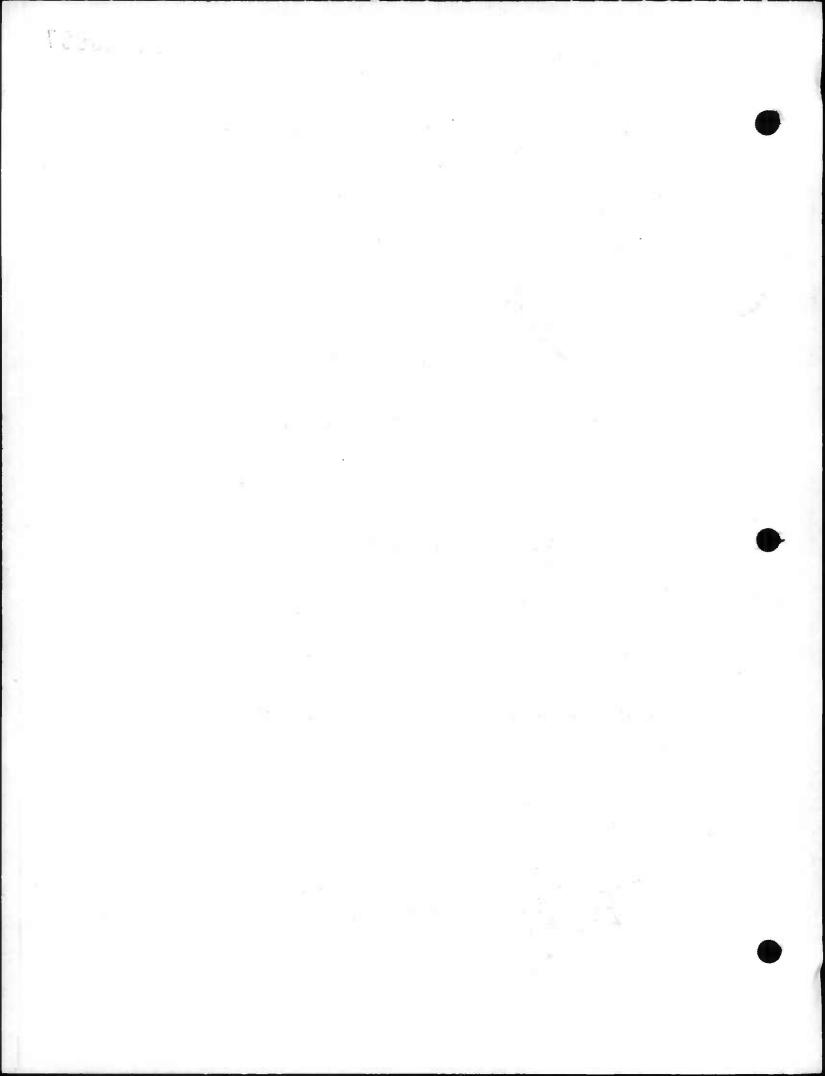
32. REGISTRAR'S SIGNATURE

2 wwidson-Randale

29a. CERTIFIER
(Chack note) 1 CERTIEXING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)



BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within couns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for usegas the be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN				OLI	THE IC	AIE)r	DEAL	П		REG. NO.				
		uerite		Eliza	abeth		Bow	dei	n		2. DATE (MONTH June	e 22,1	, 994	YEAR	3. TIME OF DEATH 12:00AM M	
	4. SOCIAL SECURITY NUME 218-20-048	GER 9	5. SEX	6. AGE (In	n yrs. last bi	rthday) IF	UNDER 1 YE	\rightarrow	IF UNDER	24 HRS.	7. DATE ((Month,	Dey, Year)		8, BIRTI	HPLACE (State or Foreign	
1	Se. FACILITY NAME (If not in		1 M 2 F			YRS.					Apr:	il 2,1		Wa	shington DC	
r I	10009 Mar.		,			96	T.Tropp C							INTY OF C		
3	RESIDENCE OF DEC	EDENT					Uppe	T I	APT T	boro			Prince George's			
DIRECTOR	Maryland	Prince	e George	's			Mar.								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
TONERAL	10e. STREET AND NUMBER							101.	ZIP COO				10g. CIT	IZEN OF	WHAT COUNTRY?	
į	10009 Mar	lboro i					,	L		2077				.S.A		
5	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Olvo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 000	D	If yes	s, spe	NDENT O	n, Mexica	Specify				E — American Indian, k, White, etc. :://y: .Casian	
3	15. DEC	EOENT'S EDU	CATION	T			UAL OCCUP			_	16b.	KIND OF BUS	INESS/IN	DUSTRY		
COMPLETIES	Elementary/Secondery (I		College (1-4 or 5	+)	life. Do	NOT use re	etired.)	g mos	t or workin	g						
	9th		N/A		Home	emake	r					Hom				
;	17. FATHER'S NAME (First, M											liddle, Maiden				
	John E. I		k Sr.									. Cock				
2	Willie L.	Bowde				Sa	me as	s 1	.0 A-	·F		er, City or Town	n, State, Zij	p Code)		
ļ	20a METHOD OF DISPOSIT 1 Aturiel 2 Crematic 4 Donation 5 Other		oval from State	ceme	PLACE AND etery, cremal ashir	ory or other	isposition Nat:	ior	nal (June Jem.	24, ₁ 1 1994			-	Maryland	
j	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE /		^	. 0	1		ADDRES			Lee runetar none, inc.				
	23. PART I. Enter the d	ung	J.D. r	179	a	the						•	_		nton, Md207	
	IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injute) inflieted events	iona, diete	b. DUE TO	(OR AS A	OMA O CONSEQUE	ENCE OF):	e lun	ıgs	, bi	late	erall	y			3 mo	
	PART II. Other algnifice	ent condition	a contributing to	deeth bu	ıt not read	uiting in t	he under	lying	cause ç	jíven ín	Part i.	24s. WAS AN		241	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
		N/A									_	1 TYES 2	₩ МО		OF DEATH? 1 YES 2 NO	
	DID TOBACC		CONTRIBUT	E TO	CAUSI	OF	DEATH	Y	ES [] NO) [J]		_			
	25. WAS CASE REFERRED T EXAMINER? 1 ☐ YES 2 ☑ NO	O MEDICAL	HOSPITAL:	5000			THER:				eck only one					
	27. MANNER OF DEATH		26a. OATE OF			8b. TIME O			FRY AT	eldenca	6 Other	(Specify)	LIURY OC	CUBED		
		Pending Investigation	(Month, D	lay, Year)		INJUR	'	WOF		NO	200. 023	CAIDE NOW II	JUNI OC	CONED		
	3 Sulcide 6	Could not be determined	28e. PLACE O building,	etc. (Specif	— At home,	, farm, stre	et, factory,	office			26f. LOCA City o	TION (Street e or Town, State)	nd Numbe	r or Runei	Route Number,	
			CIAN: To the best of R: On the basis of a												e) end manner se stated.	
ŀ	296. SIGNATURE AND TITLE							Т	29c. LICE						(Month, Day, Year)	
	941	Sur-	-11)						-	389				6-22	,	
	36. HAME AND ADORESS OF	F PERSON WH	O COMPLETED CAUS	SE OF DEA	TH (ITEM 2	7) (Type, Pri	nt)					Upper				
	Yahya Sar:					O Pen	n. A	ve.	Su	ite .		ielwoo				
	31. DATE FILED (Month, Day.	,	32. REGISTRA			200										
ال	JUN 2 8	1994	K. lind	MANAGE	2/0-1/04											

permit. Pages 1, 2, 3 should

0020		EX.	(
BALTIMORE, MARYLAND 21275-0020	ge 6 may be retained by the hospital or enabled	irector, page 5 should be detected for use some	r must be notified at once.
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the housening or amending the control of the control	/TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected for use a second by the strength and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	PHYSICIAN: The law requires that the death or	/to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	arked, or Item 23 shows any injury, or
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death	IMPORTANT: If item 28 is ma

	1 - STATE REGISTRAR	STATE OF MARY			OF HEALTH A OF DEATH		NTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Lest)	H. Butle	2.	2. DATE OF DEATH SAY YEAR 3. TIME OF DEATH								
BY FUNERAL DIRECTOR		GE (In yrs. lest birthday)	IF UNDER 1.7	FAR W. W. W. W. W.	U Z	DATE OF BIRTH	196					
		5. SEX 6. AC	6.4 YRS.		YEAR IF UNDER 2-	MIN.	(Month, Day, Year)		BIRTNPLACE (State or Foreign Country)			
	9s. FACILITY NAME (If not institution, give street end number)			96. CITY, T	OWN OR LOCATION			Maryland 9c. COUNTY OF DEATH				
	Southern Maryla	ital	C1	inton			P.G.					
	Southern Maryland Hospital RESIDENCE OF DECEDENT 106. STATE 106. COUNTY			Y, TOWN OR				10d. INSIDE CITY LIMITS?				
E	MD P.G.			per M	Marlbor	0		LIMITS?				
IAL	10e. STREET AND NUMBER			10f. ZIP CODE	•			OF WHAT COUNTRY?				
NEP	3309 Poplar Dri		20772				U.S.					
BY FI	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Wildowed 4 Divorced	I2. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	ES 2 HO	If y	S DECENDENT OF es, specify Cuben, YES 2 NO	Mexican, P	ORIGIN? (Specify Yes uerlo Ricen, atc.)	RACE — American Indian, Black, White, atc. Specify: Black				
ED	15. DECEDENT'S EDUCA (Specify only highest grade co	16a, DECEDENT'S	USUAL OCC	UPATION		16b. KIND OF BUS	INESS/INDUST	TRY				
LET	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)											
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	House	wile	40. 000704	DIO MANE	ME (Final Middle Middle O						
Ö	Thomas Proctor						18. MOTNER'S NAME (First, Middle, Meiden Surneme) Lena Proctor					
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	Street and Number o	r Rural Rout	e Number, City or Town	, Stete, Zip Coo	de)			
10	Joan Butler		3309	Pop]	ar Dr.	Upp	er Marl	boro,	Md.			
	20a. METNOD OF DISPOSITION 1 ® Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Resurrection Cem. July 7, 1994											
	4 Donation 5 Dother (Specify) Resurrection Cem. July /, 1994 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hodges and Edwards											
	Anice Edward 3910 Silver Hill Rd. Suitland, Md											
	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, Approximate shock, or heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final											
N	resulting in death)											
	- ACUTE MYDIARDIAL THEARITION 10AY											
CERTIFICATION	Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING											
FIC	CAUSE (Disease Dr Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
H	resulting in death) LAST											
	PART ii. Other significant conditions	contributing to deet	h but not resulting	in the unde	erivina ceuse ai	ven in Par	ti. 24a WAS AN	MITOPSY	24b. WERE AUTOPSY FINDINGS			
ICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO											
MED	CONGESTIVE HEART FAILURE								OF DEATH?			
ä	RENAL	INS	ufficit	בתכי	Y							
CP		HOSPITAL:		OTHER:	28. PLACE OF DE	ATH (Check	only one)					
HYS	1 YES 2 NO 1	28s. DATE OF INJUI			g Home 5 🗆 Resi		Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED					
BY PHYSICIAN: MEDI	1 Natural 5 Pending Investigation	(Month, Day, Yea	ir) IN	JURY M	WORK?		200. DESCRIBE NOW INSOME OCCUPIED					
	3 Suicide 8 Could not be datermined	28e. PLACE OF INJU building, atc. (S	URY — At home, farm, Specify)	street, factor	28	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) end manner as stated.											
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICEN	SE NUMBE	R	29d. DATE SIGNED (Month, Day, Year)						
TO B	M. MOSICC- M.D.				D2	40	61	Duly 4 1994				
-	MEHROAD MOSTAAN 4235 28TH AVE TEMPLE HILL MD, 20748											
	31. DATE FILED (MONT) DAY 1889 1994 32. REGISTRAR'S SIGNATURE - Mandall											

30. NAME AND 30. NAME AND 31. DATE FILED (Month, Day, Year)

JUL 0 8 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF

32. REGISTRAR'S SIGNATURE

	FOR 1 STATE	STATE OF M	ARYLAND /	DEPAR	TMEN	T OF H	IEALTH	AND I	MENTA	L HYGIEN	E			
REGISTRAR CERTIFICATE OF DEATH REG. NO.														
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY YEAR				3. TIME OF DEATH		
	MARION CARMACK Marian Eng			Lish Carmack					07 03 1994				11:40p M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In			yrs. last birthday) IF UNDER 1 YEAR				DER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)				8. BIRTH Countr	PLACE (State or Foreign	
	219-36-3793	1 □ M 2 √√F	SS YRS.			HE DAYS HOURS WIN.							dela Sp., MD	
LJ	9e. FACILITY NAME (# not institution, give :		9b. CITY, TOWN OR LOCATION OF C					DEATH 9c. COUNTY OF D				EATH		
FUNERAL MAECTOR	4830 Old Middletown Road					Jeffenson Fnederick							ick	
W.	10e. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION					,	10d, INSIDE CITY			
1 3	Manyland Frederick Jeffers					on	n LIMITS?						1 YES 2 T NO	
JE .	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?													
H	4830 Old Middletown Road 21755									USA				
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN			U.S. ARMED 13. WAS DECENDENT OF HI			F HISPAN	PANIC ORIGIN? (Specify Yes or			or No. 14, RACE — American Indian,			
	1 Never Married 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			If yee, specify Cuban, Mexican,				an, Puerto Rican, stc.) Black,				, White, etc.		
BY	3 Widowed 4 Divorced	3 Wildowed 4 Divorced				1 ☐ YES 2 ☑ NO Specifi				ry:			Specify: White	
유	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							b. KINO OF BUS	INESS/IND	USTRY				
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	III.	iive kind of v . Do NOT us	work done se retired.)	during mo	st of workin	g						
COMPLET	12	4				Teachen			- 1	Educational				
ő	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NAME (First,								
E C	Andrew Jackson E	nalish								ienor E		sh		
00	19e. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRES	S (Street e								
2	Rev. Leonard D.	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Cannack 4830 Old Middletown Rd., Jeffenson, MD 21755									21755			
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State													
1 1	1 (C) Burlet 2 Cremetton 3 Removal from State 4 Donation 6 Other (Specify) 21 SIGNATURA OF FUNERAL SERVICE LICENSES													
Ä	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
- 1	Barbara A. Williams, Owner 100 Petersville Rd., 1							Funera	1 Ho	ne.				
									MD 21716					
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate													
1 1	IMMEDIATE CAUSE (Final													
	disease or condition resulting in death)	or condition Carcinomy of coln with						1	1	1 ster	to an	2		
	disease or condition a. Concinous of colon with materials as DUE TO (OR AS A CONSEQUENCE OF):													
Z														
CERTIFICATION	Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
2	cause. Enter UNDERLYING CAUSE (Disease or injury	nlury C.												
발	that initiated events	DUE TO (C	OR AS A CONSEC	OUENCE OF	ን:									
15	resulting in death) LAST													
0	PART ii. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
8	24b. WAS AN AUTOPSY PERFORMED?								AWAILABLE PRIOR TO					
MEDICA										1 - YES 2	NO		OF DEATH?	
											1		1 - YES 2 - NO	
SICIAN:														
ठे	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:													
YS!	1 TYES 2 NO	1 Inpetient 2	ER/Outpatient 3	□ DOA	OTHE		5. A Pier	aldence	6 🗆 Othi	er (Specify)				
PHY	27. MANNER OF DEATH	26a. DATE OF IN (Month, Day,		28b. TIME OF 28c. INJURY AT			28d. DESCRIBE HOW INJURY OCCURED							
84	2 Accident Pending		,	INJURY M			WORK?							
60	3 Suicide 6 Could not be	28e. PLACE OF building, at	INJURY - At ho	me, ferm, a	rtreet, fac	tory, office			261. LOC	CATION (Street a	nd Number	or Rural A	oute Number,	
빌	4 Homicide determined building, etc. (Specify)													
COMPLET	29s. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as steted.													
M	(Check only 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as atteted. MEDICAL EXAMINER: On the beat of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner se stated.													
	286 SIGNATURE AND TITLEYS CONTINUED													
8	A A	7.12					29c. LICE		- 4	The street of th				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (June Print)										1/5	194			

00J., j.

- 1